## Republic of the Phurppines

**EMR CENTER** 

SUPPLIER:

## PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Health Insurance Office XII

Posadas cor. Abad Santos Sts., City of Koronadal, South Cotabato



MIRIAM GRACE G. PAMONAG, M.D. REGIONAL VICE PRESIDENT

02-015-16

P.O. No.:

## **Purchase Order**

ADDRES	S: KOI	RONADAL CITY		Date:	2/12/2016
SUPPL		K NO.:  "ERED WITH:  "er to this office within	TERMS OF PAYMENT: 30 00005  MODE OF PROCUREMENT: Sware  Oome woomperment		
QTY	UNIT	ITEM	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
237	PAX	TAX TAX	FOOD AND VENUE FOR THE CONDUCT OF "A NIGHT TO REMEMBER" ON FEBRUARY 15, 2016 IN RELATION WITH THE 21st ANNIVERSARY CELEBRATION WITHHOLDING TAX 2% VAT 5%	250.00 -1,058.04 -2,645.09	59,250.00 -1,058.04 -2,645.09
				Total	PHP 55,546.87
liquidated 2. Render 3. If the date of	ency shall i damages. your bills i ate of the re f approval.	n triplicate copies including the eccipt of this PURCHASE ORE	uivalent to 1/10 of 1 percent of the value undelivered orignal.  DER by the dealer is not indicated, it shall be deemed S, especially showing of condition, serial number of the shall be deemed.	received on the 10	th working day from

4. For imported items, IMPORTANT DOCUMENTS, especially showing of condition, serial number of the equipment purchased, and tax receipts, should be submitted by the supplier.

nould be submitted by the supplier.		
Funds available in the amount of P 59, 250-60		MEDIUS C CAPUS MA
EDWIN M. ANTERAS, CPA		MERLIE C. SABUG, MPA DIVISION CHIEF IV
Fiscal Controller IV		DIVISION CHIEF TV
FISCAL CONTROLLER	Approved:	/ Yem

Received copy of P.O. on 2 15 16	CONFORME:	liez	Poni re	)
By:		PRINT NAME AN	D SIGNATURE OF S	SUPPLIER/REPRESENTATIVE