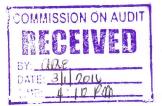
Republic of the Phappines PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Health Insurance Office XII

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

Purchase Order



VILLA AMOR HOTEL SUPPLIER:

KORONADAL CITY ADDRESS:

P.O. No.: 02-023-16 Date: 2/24/2016

TELEPHONE/FAX NO .:

SUPPLIER REGISTERED WITH:

TERMS OF PAYMENT: 30 Days MODE OF PROCUREMENT: Sman

Please deliver to this office within		ver to this office within	days from the receipt hereof the following:	_ days from the receipt hereof the following:	
QTY	UNIT	ITEM	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
77	PAX	1 MEAL AND 1 SNACK TAX TAX	1 MEAL AND 1 SNACK FOR 3 DAY REACHOUT FOCUS GROUP DISCUSSION ON MARCH 2-4, 2016 WITHHOLDING TAX 2% VAT 5%	350.00 -481.25 -1,203.13	26,950.00 -481.25 -1,203.13
мба – с. қ					
				Total	PHP 25,265.62

CONDITIONS:

1. The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value undelivered order for each day of the delay as liquidated damages.

2. Render your bills in triplicate copies including the orignal.

3. If the date of the receipt of this PURCHASE ORDER by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of approval.

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. . 1 .

Funds available in the amount of P26,950.00 	MERLIE C. SABUG, MPA DIVISION CHIEF IV Approved: MIRLANG GRACE G. PAMONAG, M.D. REGIONAL VICE PRESIDENT 9 FEB 2016
Received copy of P.O. on	CONFORME: JOSEPH & SULLAND PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE