REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation 8/F Golden Peak Tower Gorordo Ave. corner Escario Street, Cebu City Tel. No. 233-3287 (Telefax)

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PURCHASE ORDER

| Suppl | ess: Fax. No. lier Reg | D-16 Vel 3446122 istered W | Ouano Bldg MC Briones Highway Mandaue Date: Terms of Payment: Mode of Procurement: | | |
|-------------|------------------------------|----------------------------------|--|------------------|----------------|
| Pleas | e delive | r to this c | ffice within <u>30 days</u> from receipt hereof the following: | | TOTAL |
| NO. | QTY. | UNIT | ITEM DESCRIPTION | PRICE | AMOUNT |
| | 5 | carts | Toner HP 12A | 1,300.00 | 6,500.00 |
| | | | | | |
| | | | * for FOD use | | |
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| BUD | GET SEC | | | | |
| OB | 7 | 74.50 | AMT 6,500 - | | |
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| | | | | | |
| : | | TOTA | 6,50 | | |
| | | | 5.5.14 | | |
| Арр | roved by | | SETTE E. BACALSO, FC IV | | |
| _ | 11.1 | | IGNATED BUDGET OFFICER | | |
| | ditions: | nov shall | impose penalty in an amount equivalent to 1/10 of 1 percent of the tot | al value of und | elivered |
| 1. | rder fo | ncy shan r each da | y of the delay as liquidated damages. | | |
| 2 1 | Dondor | your bills | in triplicate copies including the original. | | |
| 2. I 3 I | f the da | te of rece | ipt of the P.O. by the dealer is not indicated, it shall be deemed receiv | red on the 10th | day from |
| | ha data | of the an | proval of the P O | | |
| 1 | For the | imported | items. IMPORTATION DOCUMENTS specifically showing the co | ondition, serial | numbers of |
| 1 | the equi | pment pu | rchased, and tax receipts, should be submitted by the supplier. | | |
| | | | the amount of: The M | | |
| | 1 / | | N | Very truly y | $\neg \bullet$ |

| FundsAvailable in the amo | unt of: 16,07/ | | |
|--|---|-----------|--|
| Josette E. Bacalso Fiscal Controller IV Prepared by: Jocetyn E. Divinagracia SIO III | PR No. 16-04310 dated April 19, 2016 Requested by: Jenet Ann A. Advincula, D | C IV | Very truly yours, <u>Atty. Gerardo S. Ortiz</u> Division Chief IV - MSD Approved: <u>WILL/IAM O. CHAVEZ</u> Regional Vice President |
| Received copy of P.O. on: By:_ | x7414 (| CONFORME: | Printed Name & Signature of Supplier/Representative |