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

PURCHASE ORDER

Supp Addr			Lahuq Cebu City Date:	P.O. No.: 05-032-2016 Date: May 3, 2016		
Tel./Fax. No			Terms of Payment:			
Supplier Registered With: Mode of Procurement: Local Shopping					<u> ከ </u>	
Pleas	e delive	r to this c	office within 30 days from receipt hereof the following:	100	00 009	
NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE_	TOTAL AMOUNT	
	1,000	reams	Short Bond Paper	109.00	109,000.00	
•			* for Membership use			
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		TOTAL	1 109.000 -			
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App	roved by	JOS	SETTE E. BACALSO, FC IV		i	
I			GNATED BUDGET OFFICER		<u> </u>	
Conditions:						
1. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered						
order for each day of the delay as liquidated damages.						
 Render your bills in triplicate copies including the original. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 10th day from 						
the date of the approval of the P.O. 4. For the imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of						
the equipment purchased, and tax receipts, should be submitted by the supplier.						
Funds A vailable in the amount of:						
Funds Available in the amount of: $\frac{\int [\mathcal{U}, \mathcal{U}, \mathcal{U}]}{\int \mathcal{U}}$						
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7		K.			rardo S. Ortiz	
J	Jehre E.	Bacalso	_	Division	Chief IV - MSD	
Fis	cal/Cont	roller IV	Requested by: Maria Cristina C. Ramos, CSIO		/	
	_			Approved:		
~	Prepared by:			/1441/	6	
Jocelyn E. D		/inapracia		WILL	AM O. CHAVEZ	
500	SIO			Regioi	nal Vice President	
Red	eived co	py of P.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yliku	a lealper	
			Ву:	Printed N	ame & Signature	
				1 1	Representative	
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