

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)

PURCHASE ORDER

Supplier: Williams Commercial Co. Inc.
 Address: Edison St. Lahug Cebu City
 Tel./Fax. No. 2313275
 Supplier Registered With: _____
 Please deliver to this office within 30 days from receipt hereof the following:

P.O. No.: 05-033-2016
 Date: May 3, 2016
 Terms of Payment: 30 days
 Mode of Procurement: Local Shopping

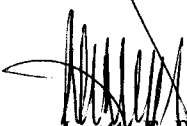
180 05 070

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	pcs	Black Ballpen	4.50	225.00
	50	pcs	Blue Ballpen	4.50	225.00
	50	pcs	Red Ballpen	4.50	225.00
	300	reams	Short Bond Paper	109.00	32,700.00
	10	pads	Post-it 3x4 (3M)	58.00	580.00
	3	box	Rubber Band no. 18	145.00	435.00
					34,390.00
			* for Express use		
BUDGET SECTION					
OBJ	<u>174-10</u>	AMT	<u>34,390 -</u>		
		TOTAL	<u>34,390 -</u>		
Approved by: <u>JOSETTE E. BACALSO, FC IV</u> DESIGNATED BUDGET OFFICER					


Conditions:

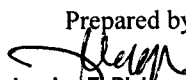
1. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of receipt of the P.O. by the dealer is not indicated, 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.

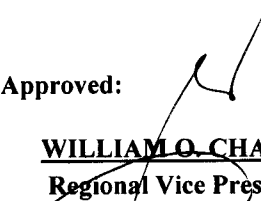
Funds Available in the amount of: ₱34,390.00

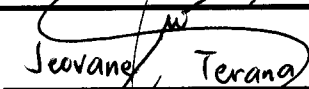

Josette E. Bacalso
 Fiscal Controller IV

PR No. 16-03230 dated March 23, 2016
 Requested by: Vanessa Lastimoso, SSIO

Very truly yours,

Atty. Gerardo S. Ortiz
 Division Chief IV - MSD

Prepared by:

Jocelyn E. Divinagracia
 SIO III

Approved:

WILLIAM O. CHAVEZ
 Regional Vice President

Received copy of P.O. on: 5-6-16 CONFORME:
 By: _____

 Printed Name & Signature
 of Supplier/Representative