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:		New Kee		P.O. No.: 06-060-2016		
Address:		Paknaan		Date: June 29, 2016		
Tel./Fax. No.		4141713		Terms of Payment: 30 days		
Supplier Registered With:			/ith: Mode of Procurement	Mode of Procurement: Local Shopping		
Please deliver to this office within <u>30 days</u> from receipt her					<u>1 U / U 4</u> 2	
NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT	TOTAL	
				PRICE	AMOUNT	
	7	boxes	Envelope Expandable , Legal	782.00	5,474.00	
	43	bots	Elmer's Glue 130 gms	36.00	1,548.00	
	75	rolls	Thermal paper 76 x 70mm	18.00	1,350.00	
	104	rolls	Thermal paper 80mm x 70mm	32.00	3,328.00	
	1	pack	Post if Flag (Sign here 1 x 1.7)	126.00	126.00	
	1	pack	Post-it flag, small	86.00	86.00	
	9	packs	Post-it flag, standard flags	86.00	774.00	
	144	rolls	Tape Transparent 1"	11.95	1,720.80	
	21	roils	Tape Transparent 2"	21.00	441.00	
					14,847.80	
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BUDGET SECTION						
OBJ 774-10 AMT 14,847,80						
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		TOTA	14,847.80 -			
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App	roved by		SETTE E. BACALSO, FC IV			
			IGNATED 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.

14 847.8 FundsAvailable in the amount of: Very Atty. Gerardo S. Ortiz Division Chief IV - MSD PR No. 16-06472, June 9, 2016 Bacalso Requested by: Nellie Marie C.Banzon, AO IV Controller IV **Approved:** pared by: WILLIAN aracia Regional/Vice 'O III CONFORME: VIV Received copy of P.O. on: By: Printed/Name & \$ignature of Supplier/Representative

<u>HAVEZ</u>

resident