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

	plier:	Diamor	nd Trading				
	lress:	AS Fort	una Mandaue City		: 07-063-2016		
I er./	/Fax. No plice Dec	. 3444529 Terms c			Date: July 5, 2016		
Diag	on dalia	sistered \	With: Mod	Ferms of Payment le of Procurement	: <u>30 days</u>		
		r to this	office within <u>30 days</u> from receipt hereof the	following.	Local Snopping		
NO.	QTY.	UNIT					
	3		ITEM DESCRIPTION		UNIT	TOTAL	
	21	carts	Toner HP 64A		PRICE	AMOUNT	
	28	carts carts	Toner HP CE390A		3,950.00 2,950.00	11,850.00	
		Carls	Toner HP Q5942A		2,950.00	61,950.00	
1					2,000.00	82,600.00	
						156,400.00	
L		 					
BUDGE	T SECTK						
OBJ	<u>-1 scu in</u>	74-57	AMT 156,400				
		7- 90	AMI 130, 700				
		· · · ·					
-		TOTAL	156,400 -				
			<u></u>				
Арргоу	ed by:	IOSET		f			
		DESIGN	TE E. BACALSO, FC IV				
Conditie							
1. The	agency s	hall imp	ose penalty in an amount equivalent to 1/10 of 1 per	roomt of the test	1		
order	r for eac	h day of	the delay as liquidated damages.	cent of the total v	alue of undeliver	ed	
2. Rend	ler your	bills in tr	iplicate copies including the original.				
3. If the	e date of	receipt o	of the P.O. by the dealer is not indicated, it shall be		_		
the d	late of the	e approv	al of the P.O.	deemed received o	on the 10th day fi	om	
I. For the	he impor	ted item	S IMPORTATION DOCUMENTS and if and				
the ec	quipmen	t purchas	s, IMPORTATION DOCUMENTS specifically s sed, and tax receipts, should be submitted by the su	howing the condit	ion, serial numbe	ers of	
				opner.			
undsA	vailable	in the a	mount of:YNV, YD (
ΛA	1						
	LIN .			Ve	ry truly yours,		
THU					6-80		
Joseffe	MU/U	also	DD No. 16 06472 8 476 1 0 2016		Atty. Gerardo S		
Fiskal C	ontroller		PR No. 16-06473 & 476, June 9, 2016 Requested by: Nellie Marie C.Banzon, AO IV		Division Chief	IV - MSD	
0			Requested by Rethe Marte C.Ballzon, AO IV		1		
~ Pre	pared by	:		A	pproved: 📈		
H	egn	,		A	pproved:		
	. Divinagr	acia			WILLIAM O.	CHAVE7	
S	IO III				Regional Vice		
leceived	i copy of	P.O. on		FORME:	/		
		B	y:		/		
		,		F	rinted Name &	Signature	
					Supplier/Represe		