

Address:

NORAMIS CONVENTION CENTER

Lilid Saduc, Marawi City

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office- ARMM

Noramis Bidg., Cong. Omar Dianalan Blvd., Lilod Saduc, Marawi City Tel. Nos. 063-876-0080, E-mail Addresses: pro.amm@philhealth.gov.ph / phic_amm@yahoo.com



16-034

Purchase Order No.

PURCHASE ORDER

Address : Tel./Fax : RIV No. Date	No. 310-16			Date Terms of Payment Mode of Procurement Local Shopping		
CONTRACTOR AND ADDRESS OF THE PERSON NAMED IN	THE WAR IN LAND AND ADDRESS OF THE PARTY OF	office within seven(7) working	days from receipt hereof the foll	owing:		
QTY	UNIT	ITE	M DESCRIPTION	UNIT PRI	CE TOTAL AMOUNT	
15	Packs		andwich and Drinks) LLOWS XXXXXXXXXXXX	150.00	0 2,250.00	
			OTAL			
for each 2. Render 3. If the da working 4. For imp purchas	ency shall in day of the cyour bills in ate of the reday from the corted items, and tax	delay as liquidated damages; riplicate copies including the deceipt of the Purchase Order date of the approval of the PIMPORTATION DOCUMENT receipts, should be submitted amount of: P 2,250. LO	by the supplier is not indicated, furchase Order; and TS specifically showing the coby the supplier. Very Regional Vice-President	it shall be deemed rendition, serial number truly yours. ALANODEN A Chief, Manageme	eceived on the 10th	
Received	this P.O. Co	py on:by:	Confo	Norania Convention	MK n Centeir Supplier/Representative	