## REPUBLIC OF THE PHILIPPINES

## Philippine Health Insurance Corporation

National Capital Region & Rizal Group

10th Floor, Sunnymede IT Centre Bldg, 1614 Brgy. South Triangle, Quezon Ave., Quezon City

Telefax: 441-2579

## **PURCHASE ORDER**

a 11	A T 17	CO DUII N	MARKETING CORPORATION	P.O No.:	NCRP-1	6-03-004	
Supplier	Detail					March 08, 2016	
Address: 1745 Dimasalang St., Sta.Cruz, Manna Term of Payment:						15 Working Days	
Tel.Fax No.: 732-2371-76					: Small Value Procurement		
	Registe		ffice within 5 working days		t hereof the		
NO.	QTY	UNIT	ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT	
1	4	pcs	Tires 205/65/R15 for SHV 142 inclusive of labor materials to be used	and other	3,875.00	15,500.00	
		-				15,500.00	
			Less:  EWT 1%: 138.39  FVAT 5%: 691.96			830.35	
				1	Vet Amount:	14,669.65	
			PR #:				
			16-0116-NCR-S dtd 01/29/16				

- 2. The Corporation shall impose penalty in an amount equi order for each day of the delay as liquidated damages.
- 3. Render your bills in triplicate copies including the original.
- 4. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 15th Working day from the date of the approval of the P.O.

5. For imported items, IMPORTA' equipment purchased, and tax r	TION DOCUMENTS specifically showing the condition eccipts, should be submitted by the supplier.	, serial numbers of the	
· ·	Very truly yours,	ODE G. LANTORIA	
	OIC, Manager	nent Services Division, PRO NCR	
DEL P. SANTOS     Designated Budget Officer     Within the COB:   というしい     Expense Code:   というしい	Received copy of the	APPROVED:  DENNIS S. MAS, Ph. D URP  Vice President - PRO NCR  (or Authorized Representative)  ONFORME:  SHELLA AJBC	
Available Budget # 15,500.  Remark Pant work	MARCH 16, 2016	Print Name and Signature of Supplier/Representative	
		AUTOPHIL MKTG, CORP. 1745 Dimasalang St. Sta. Cruz Mia. Tel.# 732-2371 / 76 Fax # 732-1375	