

**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**

Supplier: LRRB GRAPHIC DESIGN SERVICES P.O No.: NCR-16-08-001  
Address: Blk 73 Lot 26 Purok 2 Brgy. Bagong Buhay II, SJDM, Bulacan Date: August 5, 2016  
Tel.Fax No.: 668-0630 Term of Payment: 15 Working Days  
Supplier Registered with DTI Mode of Procurement: Small Value Procurement

Please deliver to this office within 15 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	Lot	Supply and Installation of Philhealth Express Signage located at SM North Edsa (Philhealth Express)		10,000.00
			Less:		10,000.00
			EWT 2% :	178.57	
			FVAT 5% :	446.43	625.00
			Net Amount:		9,375.00
			PR #:		
			16-0444 NCR-P dtd May 20, 2016		

**Conditions:**

1. The supplier shall strictly comply with the terms of reference or specifications prescribed by the Corporation.
2. The Corporation 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.
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, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

Very truly yours,

DIODE G. LANTORIA

OIC, Management Services Division, PRO NCR

<b>Certified Budget Available:</b> Funds Available in the amount of: Php10,000.00	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>JOEL P. SANTOS</u>  Designated Budget Officer </div> <div style="width: 45%;"> <u>MARICEL J. MAGLALANG</u>  Fiscal Controller IV </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <b>APPROVED:</b>  <u>CHERYL W. PEÑA</u> RP  OIC - PRO NCR  (or Authorized Representative) </div>
<b>Within the COB:</b> Expense Code: _____ Available Budget _____ Remark _____	Received copy of P.O on <u>8-15-16</u>	<div style="border: 1px solid black; padding: 5px;"> <b>CONFORME:</b>  <u>JOHN RODRIGO MILLAN</u>  Print Name and Signature  of Supplier/Representative </div>