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

P.O No.:

Print Name and Signature of Supplier/Representative

Supplier:

BRIDGECOM ENTERPRISES

Supplie			OM ENTE					P.O No.:	NCR-	16-08-019	
								Date:	ate: August 25, 2016		
	No.: <u>746</u>						Term of F	Payment:		rking Days \	
Supplier Registered with				SI	EC		Mode of Procu	urement:		opping	
Plea	se deliver	to this o	office with	iin	5 w	orking days	fro	om receip	pt hereof the	following	
NO.	QTY	UNIT			ITEM	M DESCRIPTION	I		UNIT PRICE	TOTAL AMOUNT	
1	5	units		FLASH	/ THUMB	3 DRIVE , 64 Gi	g Thumb Drive	\	1,058.00	5,290.00	
			Less:							5,290.00	
				EWT	1%:	47.23					
-				FVAT	5%:	236.1	6			283.39	
								N	let Amount:	5,006.61	
			PR #:								
100			16-0362 N	ICR-P date	ed April 25, 20	016	-				
3. Rende 4. If the day fr 5. For in	for each der your bill date of recome the date of the	ay of the Is in tripli ceipt of th te of the a ms, IMPO	delay as licate copies to P.O. by the P.O. by the proval of ORTATIO	quidated on the dealer of the P.O. N DOCULT	damages. g the origination is not indicated. MENTS spe	ated, it shall be do	eemed received on the condition, se r. r truly yours,	on the 15th	h Working		
OIC, Management Serv											
Certified Budget Available:				Funds Available in the amount of: Php5,290.00					APPROVED:		
JOEL P. SANTOS Designated Budget Officer				MARICEL J. MAGLALANG Fiscal Controller IV				Vi	DENNIS S. MAS, Ph. D URP Vice President - PRO NCR (or Authorized Representative)		
	ne COB:		ماه					(4.1	,		
Expense			182-00		R	Received copy of	P.O on CO	NFORME	E: K	1.15	
Available Budget: PC, 290 Remark: White # 200			_	Caal 2 2011							
Kemark:		W	M# 7007	4770		71, 7		Print	Name and Si	gnature	