## 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**

Suppli	er: BR	RIDGECO	OM ENTERPRI	ISES	P.O.N.	NGD		
Addres	ss: 2F	Unit 240	Cityland Pioneer	128 Pionear St. Marshall	P.O No.:	NCR-	-16-08-022	
Address: 2F Unit 240 Cityland Pioneer,128 Pioneer St., Mandaluyong City Tel.Fax No.: 7467811						Augus	August 25, 2016	
Supplier Registered with				SEC	Term of Payment:	Bujs		
Please deliver to this office within					Mode of Procurement:			
110				5 working days	from receip	om receipt hereof the following		
NO.	QTY	UNIT		ITEM DESCRIPTION		UNIT	TOTAL	
					-	PRICE	AMOUNT	
1	502	pcs		RJ Connector, RJ 45		12.50	6,275.00	
			Less:				6,275.00	
			EW7	1%: 56.03				
			FVA	50.05				
				200113			336.16	
	7.				Ne	et Amount:	5,938.84	
			PR#:					
Condition	ns:		10-0408 NCR-P d	ated May 13, 2016		5.71		
order for 3. Render 4. If the day fro 5. For imp	or each dar your bills late of recember the date	y of the distinction in triplic eipt of the approximately the appr	elay as liquidate ate copies include P.O. by the deal proval of the P.O. RTATION DOC	ling the original.  ler is not indicated, it shall be deed  O.  UMENTS specifically showing to the supplier.	percent of the total value of the med received on the 15th	f undelivered Working	i	
				_	DIODE G. L. OIC, Management Service	ANTORIA	July NCD	
Certifi	ied Budge	et Availa	ble: Funds	Available in the amount of:	Php6,275.00	APPROVI		
JOEL P. SANTOS Designated Budget Officer				MARICEL FMAGLALAN Fiscal Controller IV	NG DENNI Vice	DENNIS S. MAS, Ph. D URP  Vice President - PRO NCR		
Vithin the		סר	lb		(or Au	(or Authorized Representative)		
Expense C			5-1	Received copy of P.O	O on CONFORME:	4		
vailable I	Budget:	V2 /			COM ORIVIE.		- 1	

Sept. 2, 2016

CAROL ROBEDILLO

Print Name and Signature of Supplier/Representative

Available Budget:

PARH NOW THIS

Remark: