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: TO	OYOTA N	MAKAT]	I INC.	TORC	IIASE (KDER	(DO No	NCDD		
Addres	ss: Ay	ala corner	Metropo	litan Ax	vo Molasti (714			P.O No.	:NCRP	P-16-09-003	
Tel.Fax	No.: 897	-3333 loc	110	olitan Ave., Makati City				Date				
	r Register			SEC				Term of Payment: Mode of Procurement: S			15 working days	
Please deliver to this office with								curement:	ment: Small Value Procureme			
		T	The With	thin as scheduled from rece						pt hereof the	following	
NO.	QTY	UNIT				M DESCRIPT		,		UNIT PRICE	TOTAL AMOUNT	
1	1	Lot	Transm	ussion (aintenance to Gear Oil, Po It for Service	wer Steering	Oil Fne	aina Cool		14,370.00	14,370.00	
			Less:								14,370.00	
		ľ	2033.	EWT	2%:	25	<i>((</i> 1					
				FVAT	5%:		6.61 , 1.52 ,				898.13	
									Ne	et Amount:	13,471.87	
		-	PR #:								,171107	
Condition	ns:	I	6-0660 NC	CR-P date	ed July 29, 201	6						
order for 3. Render	or each day	y of the de	elay as liqu	idated d	o the enistral	nent to 1/10 c	f I percer	nt of the to	tal value o	f undelivered	i	
day from	ate of rece	of the app	P.O. by the proval of the	e dealer i	is not indicate	ed, it shall be	deemed r	received or	the 15th	Working		
5. For imp	orted item	s, IMPOR	TATION	DOCUM	MENTS speci	fically showi	ng the cor ier.	ndition, ser	ial numbe	rs of the		
Very truly yours,												
										ANTORIA 7	0	
Certifi	ed Budoé	t Availab	le: Eu	OIC, Management Service						es Division, R	RO NCR	
	/	L TIVATIAD.	ic. Fu	nus Ava	allable in the	e amount of:	Php14	,370.00		APPROVE		
JC	JOEL P. SANTOS			MARIÇEL J. MAGLALANG DENN								
Desig	Designated Budget Officer			Fiscal Controll IV					DENNI	NIS S. MAS, Ph. D URP		
Within the	Vithin the COB:				Vice					President - PRO NCR thorized Representative)		
Expense Co		2016		-				L	(or Aut	morized Kepre	sentative)	
	vailable Budget: \$47.70				Received copy of P.O on CONFORME:							
Remark:	_		13/0 ×	2115		9-19-10		J	DSEPA	r./	150	

Print Name and Signature of Supplier/Representative