## 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**

Supplie	r: <u>LRI</u>	RB GRA	PHIC DE	SIGN	SER	VICES			P.O No.:	NCRP-	-16-11-012
Address	s: Blk.	73 Lot 26	Purok 2,	Bagong	g Buh	ay II, San Jo	ose Del Monte Ci	ty Bulacan	Date:	Novemb	per 10, 2016
Tel.Fax No.: 668-0630				Term			of Payment:	: 15 working days			
Supplier	Registere	d with			DT	Ï		Mode of P	rocurement:	Small Valu	e Procurement
Pleas	se deliver	to this o	ffice with	hin _		15 wo	orking days		from receip	t hereof the	following
NO.	QTY	UNIT				ITEM	DESCRIPTION			UNIT PRICE	TOTAL AMOUNT
1	4	pcs			Т	arpaulin 6	5" x 10" (back	drop)		900.00	3,600.00
2	8	pcs			Tar	paulin 4' x	x 6" (welcome	banner)		288.00	2,304.00
			Less:	EW FVA		2%: 5%:	105.4: 263.5				<b>5,904.00</b> 369.00
									N	et Amount:	5,535.00
		- 10	PR #:								
				NCR-P	dated	October 17,	2016			,	
2. The Corder 3. Rende	upplier sha Corporation for each d er your bil	n shall im lay of the ls in tripli	comply pose pena delay as licate copi	with the alty in a liquidat	e tern an am ted da uding	ns of referent nount equiva amages. the original	nce or specificate	percent of the	ne total value	of undelivere	ed
					_		,				

- 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,										
		DIOĐE G. LANTORIA										
		OIC, Management Services Division, PRO NCR										
Certified Budget Available:	Funds Available i	in the amount of: Php5,90	)4.00	APPROVED:								
JOEL P. SANTOS	MARI	CRY J. MAGLALANG		DENNIS S. MAS, Ph. D URP								
Designated Budget Officer	1	Fiscal Controller IV	Vice President - PRO NCR									
				(or Authorized Representative)								
Within the COB:				15/1/2								
Expense Code:	D	Received copy of P.O on	CONFORME: / JULY									
Available Budget:	9.00	NOV- AT/16										
Remark: Powst	Jan 25 000	1000 11/16		Print Name and Signature								
				of Supplier/Representative								