

## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

## PhilHealth Regional Office - ARMM

Noramis Bldg., Cong. Omar Dianalan Boulevard, Marawi City Cell Phone No. 09285071910; Fax No. 09209372263

## **PURCHASE ORDER**

Supplier	:/	CROWN PAPER & STATIONER	Purchase Order No. ;	008-17-EP
Address	:	ILIGAN CITY	Date :	22-Jun-17
Tel/Fax	:		Terms of Payment :	
RIV No.	:	E-006-17	Mode of Procuremen:	Emergency Purchase
Date	:	6/14/2017		
				-

Please deliver to this Office within seven (7) working days from receipt hereof the following:

Supplier/Representative

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOU
1	_ 64	pcs	ID Print Colored	20.00	/ , 1,280.
2	<b>/64</b>	pcs	ID Lamination	15.00	960.
3	64	pcs	ID Card Am.	6.50	416
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
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## **Conditions:**

- 1. The Agency shall impose penalty in an amount equivalent to 1/10 of one (1) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- 2. Render your bills in triplicate copies including the original.
- 3. If the date of the receipt of the Purchase Order by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order

	4. For imported items, IMPORTATION DOCUMENTS tax receipts, should be submitted by the supplier	specifically showing the condition, serial numbers of the equipment purchased, and
	Funds available in the amount of: 2,656.	Very truly yours,
	Shehutur	Frances
	SORAYAH M. SHARIEF-TABAO Head, Fund Management Section	ALLANODEN A. MACARIMBANG
	Capada	Chief, Management Services Division
	Approved:	7/B
	Atty. KH	ALIQUZZAMAN M. MACABATO, CPA, CSEE
1	7/10/17	Regional Vice-President
	Received this P.O. Copy on:by:	Conform:
		Name and Signature of