

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 | · CR | OWN PAP | ER & STATIONER Pu | rchase Order No. | : 013-17-EP |
| | | GAN CITY | | ate | : 22-Jun-17 |
| | : | | | rms of Payment | |
| | : E-0 | 13-17 | | | : Emergency Purchase |
| | : 6/1 | | | | |
| | | | in seven (7) working days from receipt hereof the following: | M.Z.= 09- | -0212 |
| NO. | QTY. | UNIT | ITEM DESCRIPTION | * | TOTAL AMOUNT |
| | | | | | 1 |
| | | | PAGE 1 | SUB-TOTAL | 22,498.00 |
| | | | PAGE 2 | SUB-TOTAL | 16,369.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | PAGE 3 OF 3 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | . / |
| | | | TOTAL | | 38,867.00 |
| Conditions | | | | H 1 1 1 1 1 1 1 1 | 1 |
| | | impose pen | alty in an amount equivalent to 1/10 of one (1) percent of the total valu | e of undelivered | order for each day of |
| the delay as | liquidate | d damages. | | | |
| | | | copies including the original. | 1 4 104 | |
| | | of the Purch | e Purchase Order by the dealer is not indicated, it shall be deemed receives Order | ved on the 10th v | vorking day from the |
| | | | CATION DOCUMENTS specifically showing the condition, serial num | bers of the equip | ment purchased, and |
| tax receipts | , should b | e submitted | by the supplier | | |
| Funds avai | lable in t | he amount | of: \$38,867. 10 (grand fift) Very truly yours | , | |
| | | Market. | · lu | Ama | |
| | SORAYA | H M. SHA | RIEF-TABAO | ALLANODEN A | MACARIMBANG |
| | | | | | nt Services Division |
| | | 0 1 | A | any | eneg |
| | | | Approved: | | |
| | | | Atty. KHALIQUZZAMAN M. MACABATO, CPA, | CSEE | |
| | | | Regional Vice-President | | |
| Received th | is P.O. C | opy on: | Conform: | | |

Name and Signature of Supplier/Representative

PURCHASE ORDER

| Supplier | : | CROWN PAPER & STATIONER | Purchase Order No. : 013-17-EP |
|----------|---|-------------------------|--|
| Address | : | ILIGAN CITY | Date : 22-Jun-17 |
| Tel/Fax | : | | Terms of Payment : |
| RIV No. | : | E-013-17 | Mode of Procuremen: Emergency Purchase |
| Date | : | 6/14/2017 | |

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

| NO. | QTY. | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|-------|-------------------------------|------------|--------------|
| | 85 | pcs | Ballpen, TITUS | 4.50 | 382.50 |
| | 8 | pcs | Signpen, Black, ENERGEL 0.5mm | 25.00 | 200.00 |
| | 58 | pcs | Signpen, Blue, ENERGEL 0.5mm | 25.00 | 1,450.00 |
| | 51 | box | Staplewire #35 | 35.00 | 1,785.00 |
| | 43 | pcs | Sticknote pad 3x4 | 19.50 | 838.50 |
| | 24 | box | Rubberband, big | 165.00 | 3,960.00 |
| | 52 | pcs | Correction tape | 29.50 | 1,534.00 |
| | 11 | reams | Bondpaper, long, PAPER ONE | 175.00 | 1,925.00 |
| T.W | 26 | pcs | Recordbook, 300 pages | 49.50 | 1,287.00 |
| | 10 | pcs | Recordbook, 500 pages | 69.50 | 695.00 |
| | 2 | pcs | Whiteboard, 2x4 | 750.00 | 1,500.00 |
| | 26 | pcs | Stapler with remover | 150.00 | 3,900.00 |
| | 3 | pcs | Stapler #35, KW-TRIO 5320 | 320.00 | 960.00 |
| | 1 | рс | Scissor | 55.00 | 55.00 |
| | 12 | pcs | Signpen, Red, DONG-A | 25.00 | 300.00 |
| | 2 | pcs | Stamp pad, Blue | 45.00 | 90.00 |
| | 2 | box | Rubberband, small | 25.00 | 50.00 |
| | 7 | reams | Bodnpaper, A4, PAPER ONE | 165.00 | 1,155.00 |
| | - 10 | pcs | Expanded Envelope | 12.50 | 125.00 |
| | 6 | pcs | Sticknote pad 3x3 | 30.00 | 180.00 |
| | 3 | pcs | Sticknote pad 3x5 | 42.00 | 126.00 |
| | | | PAGE 1 OF 3 | | |
| | - | | TOTAL | | 22,498.00 |

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.

| date of the approval of the Purchase Order. | |
|--|--|
| 4. For imported items, IMPORTATION DOCUMENTS specifically showing the co | ondition, serial numbers of the equipment purchased, and |
| ax receipts, should be submitted by the supplier | |
| Funds available in the amount of: | Very truly yours, |
| 8 Mikutubar | Anna |
| Head, Fund Management Section | ALLANODEN A. MACARIMBANG Chief, Management Services Division |
| | |
| Approved: | 12/2 |
| 4 | ACAPATO CRA COPE |
| Atty. KHALIQUZZAMAN M. M. | |
| Regional Vice-Pr | esident |
| | |

Received this P.O. Copy on: ______ Conform:



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. : 013-17-EP |
|------------------------------------|--|
| Address : ILIGAN CITY | Date : |
| Tel/Fax : | Terms of Payment : |
| RIV No. : <u>E-013-17</u> | Mode of Procuremen: Emergency Purchase |
| Date : 6/14/2017 | |
| | |

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

| NO. | QTY. | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUN |
|-----|------|------|-----------------------------------|------------|-------------|
| | 15 | btl | Alcohol, GREEN CROSS, 70%, 500ml. | 75.00 | 375.00 |
| | 2 | box | Paper clip, small | 7.50 | 15.00 |
| | 2 | box | Paper clip, big | 22.00 | 44.00 |
| | 6 | box | Bulldog clip | 5.50 | 33.00 |
| | -1 | рс | Puncher | 350.00 | 350.00 |
| | 10 | pcs | Expanding folder | 19.50 | 195.00 |
| / | -3 | pcs | Ballpen, Blue, TITUS | 4.50 | 13.50 |
| | -3 | pcs | Ballpen, Black, TITUS | / 4.50 | 13.50 |
| / | 1 | box | Paper Fastener | 35.00 | 35.00 |
| / | -2 | roll | Scotch tape | /15.00 | 30.00 |
| - | -2 | roll | Packaging tape | 45.00 | 90.00 |
| X | 26 | pcs | Dataman box | 1 550.00 | 14,300.00 |
| 1 - | -1 | рс | Scissor | J 55.00 | 55.00 |
| , | -1 | рс | Filing box | 95.00 | 95.00 |
| | -1 | box | Paper clip | /22.00 | 22.00 |
| | _1 | pad | Post it Flag | 45.00 | 45.00 |
| , | 1 | pad | Post it note | 42.00 | 42.00 |
| / | 10 | pcs | Envelope Brown, long | 2.00 | 20.00 |
| , | 10 | pcs | Envelope Brown, short | 1.50 | 15.00 |
| | 14 | pcs | ID Lamination with cord | 41.50 | 581.00 |
| | | | XXXXXNOTHING FOLLOWSXXXXXXXXX | | |
| | | | PAGE 2 OF 3 | | |
| | | | TOTAL | | 16,369.00 |

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 specifically showing the condition, serial numbers of the equipment purchased, and

| ax receipts, should be submitted by the supplier | icany showing the condition, serial numbers of the equipment purchased, and |
|--|---|
| Funds available in the amount of: 10,369. W | . Very truly yours, |
| spekatula 1 gg 2 | A second |
| SORAYAH M. SHARIEF-TABAO | ALLANODEN A. MACARIMBANG |
| Head, Fund Management Section | Chief, Management Services Division |
| Approved: | 2/12 |
| 1 | 81/2 |
| Atty. KHALIQ | UZZAMAN M. MACABATO, CPA, CSEE |
| | Regional Vice-President |
| Received this P.O. Copy on: | Conform: |
| by: | |
| | |

Name and Signature of Supplier/Representative