

PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office- ARMM

Noramis Bldg., Cong. Omar Dianalan Blvd., Lilod Saduc, Marawi City

Tel. Nos. 063-876-0080, E-mail Addresses: pro.amm@philhealth.gov.ph / phic_amm@yahoo.com



PURCHASE ORDER

Supplier : **IVORY PRINTING AND PUBLISHING HOUSE**

Address : ILIGAN CITY

Tel./Fax :

RIV No. PR#103-17

Date: 2/21/2017

Date _____

Purchase Order No.

Date _____

Terms of Payment

Mode of Procurement

: 17-041

~~28 MAR 2011~~

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: Local Shopping

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

[illegible]

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 supplier is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order; and
4. For imported items, **IMPORTATION DOCUMENTS** specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

Funds available in the amount of : P 6,000.00

GSU

Very truly yours,

RECEIVED

DATE: 4/11/17 BY

SORAYAH M. SHARIEF-TABAO

FISCAL CONTROLLER IV

Head, Fund Management Section

ALLANODEN A. MACARIMBANG
Chief, Management Services Division

Chief, Management Services Division