

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 : COPYLANDIA OFFICE SYSTEMS CORPORAT

Purchase Order No. : 2

Address

Ground Flr Philam life Bldg. Lluch-Badelles Sts. Iliga

Date : [2-8-20]

Tel/Fax :

(063) 221-3713

Terms of Payment

PR No.

(003) 221-3713

Terms of Payment : __

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TLHIO-70-2017

Mode of Procuremen:

Date : Nov. 8, 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
	1	LOT	R& M OF I PHOTOCOPIER INEO 215-DEVELOPER		-/
	1	/	1UNIT DEVELOP DV116	1,370.00	1,370.00
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			17-12-14	25	
			TOTAL		1,370.0

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 tax receipts, should be submitted by the supplier

Funds available in the amount of:

1,370.00

Very truly yours,

SORAYAH M. SHARIEF-TABAO

Head, Fund Management Section

ALLANODEN A. MACARIMBANC Unief, Management Services Division

Approved:

Atty. KHALIQUZZAMAN M. MACABATO, CPA, CS