TNE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office - ARMM

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

PURCHASE ORDER

	SIZICON VALLEY COMPUTER GROUP PHIL.INC.					Purchase Order No. : 18-047		
-55	: Iligan City					ate	March 22 1	
/el/Fax						rms of Payment	· · · · · · · · · · · · · · · · · · ·	
PR No.	: 101-18					ode of Procuremen	: LOCAL SHOPPING	
Date	: 1/18/2018					ode of Frocuremen	. LOCAL SHOFFING	
Bute	- 1/1	3/2010						
Please del	iver to this	Office with	in seven (7) workin	g days from receipt hereof the foll	owing:			
NO.	QTY.	UNIT		ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT	
1	2	cart	Toner HP Laserj	et Enterprise 600 M601n		9,240.00	18,480.00	
	/		XXXXXX N	OTHING FOLLOWS XXXXX	ΧX			
1-1-								
	1 - 1/4/2							
-								
							/	
		- Tuled					/	
TOTAL							18,480.00	
Condition								
1. The Ag	gency shall as liquidated	impose pen	alty in an amount e	quivalent to 1/10 of one (1) percent	nt of the total valu	e of undelivered or	rder for each day of	
			copies including the	eoriginal				
				the dealer is not indicated, it sha	Il be deemed recei	ved on the 10th we	orking day from the	
date of the	approval o	f the Purch	ase Order.					
				NTS specifically showing the cor	ndition, serial num	bers of the equipm	ent purchased, and	
tax receipt	s, should be	e submitted	by the supplier					
Funds ava	ailable in th	ne amount	of: 18,480.		Very truly yours			
		d				_		
TIL	CODANA	SU	DIED TARA			American.	~~~	
0.1			RIEF-TABAO ement Section	lo.			MACARIMBANG Services Division	
Maks	rieda, r	and ividing	ment section 7	10		Thei, Management	Services Division	
1			Approved:	TIVA		40 00	-0032	
				My lug hears			-00321	
			Atty	. KHALIQUZZAMAN M. MAG		CSEE		
				Regional Vice-Pres	sident			
Received t	his P.O. Co	py on:			Conform:			

by:

Conform: