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**

C 1'		18-15		
Supplier : Address :	KIM GUAN	Purchase Order No. :		
Tel/Fax :	Iligan City	Date : 1 6 JUL 2018		
PR No. :	BLHIO-011-18	Terms of Payment :		
Date :	1/10/2018	Mode of Procuremen: NP/SVP		

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

18-08-0205

NO.	QTY.	UNIT	ITEM DESCRIPTION	LIMIT DRICE	TOTAL T
1	9/	packs	Medical Supplies Tissue, 2 ply, 12 rolls in a pack		TOTAL AMOUN
	1		xxxxxxxxxxx nothing follows xxxxxxxxxxxxx	150.00	1,350.00
			Tollows AXXXXXXXXXXXXXXX		
	- 3				
4.5					
1					
	115				
			Comptrollership Unit		
			CAN LAND THE REAL WAY WE KNOW THE PARTY.		
-	.		INCLE BY ED)		
			(A)		
			Received by: 9		
2			ТОТАЬ		
litions			TOTAL		1,350.00

- 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

SORAYAH M. SHARIEF-TABAO Head, Fund Management Section

Funds available in the amount of:

Very truly yours,

Chief, Management Services Division

Approved: