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

plier	:	IVORY PRINTING & PUBLISHING HOUSE	Purchase Order No. : 18-986
Address	:	Iligan City	Date : 1-19-208
Tel/Fax	:		Terms of Payment :
PR No.	:	642-18	Mode of Procuremen: NP/SVP
Date	:	11/13/2018	

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	1	рс	TARP 4 x 8 (Training on Administrative Communication on	800.00	800.00
			November 19-20 and 21-22,2018.		
			(See attached sample)		
			XXXXXXX NOTHING FOLLOWS XXXXXX		
-					
		_			
			TOTAL		800.0

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:

000 -

Very truly yours

Head, Fund Management Section

Chief, Management Services Division

Approved:

Atty. KHALIQUZZAMAN M. MACABATO, CPA, CSEE

Regional Vice-President