

PHILIPPINE HEALTH INSURANCE CORP PhilHealth Regional Office - ARMM

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

PURCHASE ORDER

Supplier	:	ROBINSONS SUPERMARKET CORP. ILIGAN CITY	Purchase Order No. :			
Address		ILIOMY CITT	Terms of Payment :	, ,		
Tel/Fax	:		Mode of Procuremen:	NP/SVP		
PR No.	:	674-18				
Date	:	12/7/2018				

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

			in seven (7) working days from receipt hereof the following. ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
IO.	QTY.	UNIT		500.00	58,500.00
1	117	pcs	GIFT CERTIFICATES	200.55	
			XXXXXXX NOTHING FOLLOWS XXXXXX		
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					58,500
			TOTAL		30,300

- 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

Very truly yours, Funds available in the amount of:

> ASLINAH D. ASHARY, CPA Head, Fund Management Section

> > Approved:

Chief, Management Services Division

Regional Vice-President