



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office - ARMM

Kouzbury Business Complex, Ali Bin abu Talib St., New Capitol Heights, Marawi City  
Cell Phone No. 09285071910; Fax No. 09209372263

PURCHASE ORDER

Supplier : ROBINSONS HANDYMAN INC.  
Address : ILIGAN CITY  
Tel/Fax : 09162245631  
PR No. : GSU-036-2021  
Date : FEB 23, 2021

Purchase Order No. : 2021-075  
Date : 3/10/2021  
Terms of Payment :  
Mode of Procurement : LOCAL SHOPPING

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

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	50	meters	Electrical Stranded Wire (size #14)	P33	P1,650
2	2	pcs	Receptacle (size #4)	P32	P64
3	1	pcs	Switch	P90	P90
4	1	roll	Electric Tape	P44	P44
5	2	pcs	Junction Box	P23	P46
6	1	pc	Utility Box	P23	P23
T O T A L					P 1,917

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: P 1,917-

ASLINAH D. ASHARY  
Head, Fund Management Section

Approved:

DR. SAINNUDIN M. MOTI  
Acting Regional Vice-President

Very truly yours,

ALLANODEN A. MACARIMBANG  
Chief, Management Services Division

Received this P.O. Copy on: \_\_\_\_\_  
by: \_\_\_\_\_

Conform:

\_\_\_\_\_  
Name and Signature of  
Supplier/Representative