

## Republic of the Philippines

#### PHILIPPINE HEALTH INSURANCE CORPORATION

### PhilHealth Regional Office - ARMM

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

# PURCHASE ORDER

Supplier	:	BEROVAN MARKETING INC.			Purchase Order No.	1:	2421-212
Address	:	Iligan City, Lanao del Norte			Date	:	11/6/201
Tel/Fax		221-9799	Trapit		Terms of Payment	:	111-11
PR No.	: .	BAS-003-2021			Mode of Procurement	:	LOCAL SHOPPING
Date	: "	August 24, 2021					

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	135	box	Surgical Mask 3ply, 50pcs/box (Ry XML) Brown	200.00	27,000.00
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				TOTAL	27,000.9

#### 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: 27,000 - Very truly yours,

ASLINAH D. ASHARY
Head, Fund Management Section

Approved:

DATU MASIDING M. ALONTO, JR.

Regional Vice-President

Conform:

of ph/m

ALLANODEN A. MACARIMBAN Chief, Management Services Division

Received this P.O. Copy on: