



PHILIPPINE HEALTH INSURANCE CORPORATION

PHILHEALTH REGIONAL OFFICE - XI

Valgosons Building, Bolton Extension, Poblacion, Davao City
Call Center: (02) 441-7442 Trunkline: (082) 295-2133 local 6300
Telephone Number 295-3382 www.philhealth.gov.ph



PURCHASE ORDER

| | |
|--|--|
| Supplier: SIMYAKI ENTERPRISES | PO NO. 22-05-100 |
| Address: 165-B, Room 206, Major Building, Bonifacio St., Davao City | PO Date: May 18, 2022 |
| Contact No. (082) 391-7809 / 0995-9067314 / 0917-7023834 | Terms of Payment: 15 working days |
| <input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 423-177-341-000 | Mode of Procurement: Public Bidding |

Please Deliver to this Office within 30 calendar days from Receipt hereof the following:

| PR NO. | Item No. | Qty | Unit | Item Description | Unit Cost | Total Cost |
|--------------------------------------|----------|-------|------|---|-----------|------------|
| 2202-06-08 | 1 | 2,500 | bot. | ALCOHOL, 70%, 500 ml | 75.00 | 187,500.00 |
| | 2 | 14 | gal. | ALCOHOL, 70% solution, 1 Gallon | 390.00 | 5,460.00 |
| | 4 | 227 | box | GLOVES, Latex Exam, Powder Free, Medium, 100s/box | 340.00 | 77,180.00 |
| | 5 | 281 | gal. | HAND SANITIZER Gel, 1 Gallon | 455.00 | 127,855.00 |
| | TOTAL | | | | | 397,995.00 |
| ***Nothing follows*** | | | | | | |
| Posted in PhilGEPS on March 25, 2022 | | | | | | |

Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages
- Render your bills in triplicate copies including the original.
- If the date of the receipt of the P.O. by the dealer is not indicated, it is deemed received on the 10th working day of the approval of the P.O.
- For imported items, IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery.

| | | | |
|---|--|---|---|
| Very truly yours, GARY E. SAMONTE Administrative Officer III | PRO XI Budget FY 2022 BRO No. <u>XI-22-354-21</u> Charged to: <u>note DL 10</u> Exp. Code <u>50203080</u> Amount <u>397,995</u> | Recommending Approval: CHERYL P. ARACAN DC IV / MSD Head | Approved by: ATTY. HARVEY L. CARCEDO Regional Vice President |
| GARY S. VELAYO AO IV / Head - Admin Services Section | MARIE SHARON D. TABSING Budget Officer | Conformed: ROWENA GOMEZ Proprietress | |
| Received copy of P.O. on _____ | | Supplier/Representative _____ | Date <u>5-22-22</u> |
| Received by: _____ | | | |