Republic of the Lulippines PHILIPPINE HEALTH INSURANCE CORPORATION

PHILHEALTH REGIONAL OFFICE VI MSD-FM3-COMPTROLLERSHIP

F.E.CEIVED

alik

Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Ilo Tel Nos. 3378724 / 5087300 region&@philhealth.gov.ph

PURCHASE ORDER

Supplier: LA HACIENDA GRANDE HOTEL Address: Arnaldo Blvd., Roxas City

Tel./Fax: (036) 632-0746/621-4098 Supplier Registered with:

Please deliver to this Office on January 12, 2012 :

	1/11/2011	
	1/11/2011	
of Payment: 15 cd	15 calendar days	
e of Procurement: Negotiated	Negotiated Procurement	
o.:	053-01-12	
e of Procurement: Negofiated	d Procureme	

1201-0101

0/	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	LOT	Meeting with Local Chief Executives and Sponsored Program Point Persons Re: 2012 Sponsored Program Renewal on Janaury 12, 2012		
	45	pax	Lunch	250.00	11.250.00
	45	pax	Snacks - AM	100.00	4,500.0
	673	****	****For Service Office Capiz use*******	***********	15,750.00
			For service Onice Capiz use	TOTAL	15,750.00

Conditions:

*The Agency shall impose a penalty in the amount equivalent to 1/10 of 1 percent of the 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 receipt of this P.O. by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval.

*Far imported items, IMPORTANT DOCUMENTS specifically showing the condition, serial numbers of the equivalent purchased, and tax receipts should be submitted by the supplier.

Very truly yours, MAF

Fund available in the amount of : 15750.

Approved:

REYNAL DEN PHIL

ONALYN T Fiscal Controller II 767-00 Received copy of P.O By:

CONFORME:

hpante KROWY L. YAL PRANTE LA HACIENDA GRANDE HOTEL (Printed Name & Signature of Supplier/Rep.)

RELEASED BYDATE