



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Philhealth Regional Office VI, Majestic Bldg., #15 J. De Leon St., Iloilo City

Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph

PURCHASE ORDER

Supplier: **FELINE'S GIFT SHOP**
Address: **Delgado St., Iloilo City**

Tel./Fax: **337-0352**
Supplier Registered with:

P.O. No: **6111-002**
Date: **1/16/2012**
Terms of Payment: **15 calendar days**
Mode of Procurement: **Negotiated Procurement**
RIV No.: **001-01-12**

Please deliver to this Office **on or before January 20, 2012** upon receipt hereof:

1201-0202

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	80	PCS	T-shirt w/ Printing	150.00	12,000.00
			see attached design for specifications & sizes		
	*****	*****	****For the participants of PhRO VI officers and personnel to the Dinagyang 2012 Mardi Gras on January 21, 2012 **	*****	
			TOTAL		12,000.00

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.

*For 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,


MARJORIE A. CABRIETO
CHIEF, MSD

Fund available in the amount of: 2 12000.-

Approved:


JONALYN T. ILISAN
Fiscal Controller III


DENNIS S. MAS, Ph.D. URP
RVP - PhRO VI

Received copy of P.O. on 1-19-12

By: _____

CONFORME:


FELINE'S GIFT SHOP

(Printed Name & Signature of Supplier/Rep.)