



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

full

PHILHEALTH REGIONAL OFFICE VI MSD-FMS COMPTROLLER		RECEIVED	RELEASED
BY DATE	2:45 PM		2/3

PURCHASE ORDER

Supplier: **REGINA'S ICE CREAM HOUSE & RESTAURANT**
 Address: **T.A. Fornier St., San Jose, Antique**
 Tel./Fax:
 Supplier Registered with:

P.O. No: **6121-012**
 Date: **2/1/2012**
 Terms of Payment: **30 calendar days**
 Mode of Procurement: **Negotiated Procurement**
 RIV No.: **092-01-12**

Please deliver to this Office on **February 02, 2012** upon receipt hereof:

1202-045

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	26	PAX	DINNER ON FEB. 02, 2012	300.00	7,800.00
			Inclusive: Venue, Elect. for IT equipt., sound system, podium, rostrum, backdrop, and set-up.		
	*****	*****	For SO Antique participants to the dialogue with Accredited Collecting Agents	*****	7,800.00
			TOTAL		

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,

[Signature]
MARJORIE A. CABRIETO
 CHIEF, MSD

Fund available in the amount of: *7800.*

Approved:

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

[Signature]
JONALYN T. ILISAN
 Fiscal Controller III

Received copy of P.O. on *2/3/12*
 By: *[Signature]*

CONFORME:

[Signature]
REGINA'S ICE CREAM HOUSE & RESTAURANT
 (Printed Name & Signature of Supplier/Rep.)