



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

PHILHEALTH REGIONAL OFFICE VI MSD-HMS COMPTROLLERSHIP	
RECEIVED	RELEASED
DATE 2/1/12	DATE 2/3

PURCHASE ORDER

Supplier: **COCCYX COMPUTER SALES & SERVICES**
Address: **Rm. 1026 St. Elizabeth Center, Valeria St.,
Iloilo City**
Tel./Fax: **509-5010**
Supplier Registered with:

P.O. No: **6111-014**
Date: **2/1/2012**
Terms of Payment: **30 calendar days**
Mode of Procurement: **Negotiated Procurement**
RIV No.: **002-01-12**

Please deliver to this Office **within 5 calendar days** upon receipt hereof :

1202-0314

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	400	pcs	CD-R with sleeves	9.50	3,800.00
	*****	*****	Part of kit for the forum on Updating Accredited Hospitals MCP providers in Region 6 of new case rates	*****	3,800.00
			TOTAL		3,800.00

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 3800.-

Approved:


JONALYN T. ILISAN
Fiscal Controller III


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

440-90
Received copy of P.O. on 02-03-12

By: _____

CONFORME:

COCCYX COMPUTER SALES & SERVICES
Rm. 1026 St. Elizabeth Center, Valeria St. Iloilo City
Tel: (033) 509-5010

COCCYX COMPUTER SALES & SERVICES
(Printed Name & Signature of Supplier/Rep.)