## **Republic of the Philippines**

PHILIPPINE HEALTH INSURANCE CORPORAT

Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., 1540 Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph

## **PURCHASE ORDER**

Supplier: PONSYON Address: Plazuela de lloilo

Tel./Fax: 508-8859 Supplier Registered with:

Please deliver to this Office on February (

	RIV No.:	<u>121-02-1</u> [2-02	
06, 2012 upon receipt he	reof:		
EM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
NNER ON FEB. 06, 2012	250.00	5,750.0	

P.O. No:

Date:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	23	PAX	DINNER ON FEB. 06, 2012	250.00	5,750.00
	******	******	Validation of LHIO Standards with Philhealth Regional	******	5,750.00
			Offices in Area II	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.

5750

\*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,

CABRIETO MAR EF, MSD

Approved:

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

JONALYNT Fiscal Controller III 421-60 Received copy of P.O. on Feb. By: Genere Pangan ban ,2012 CONFORME:

Fund available in the amount of :

PONSYON (Printed Name & Signature of Supplier/Rep.)

6122-017

2/6/2012

PHILITEALTH REGIONAL OFFICE VI MSL. IMS. CUMI- HOLIERSHIP

FE

Al 2/10

911

all

Terms of Payment:

Mode of Procurement:

30 calendar days
Negotiated Procurement
121-02-12

RELL'AGED

-0+18

DATE