



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-IMS CONTROLLER-III	
RECEIVED	RELEASED
BY DATE AL 2/17/12 1:30pm	DATE 2/17

PURCHASE ORDER

Supplier: **PROGRESS HOME & OFFICE FURNISHINGS**

Address: **#10 Lopez Jaena st.,**

Lapaz Iloilo City

Tel./Fax: **3201456/32050**

Supplier Registered with:

P.O. No: **61202 - 020**

Date: **2/6/2012**

Terms of Payment: **30 calendar days**

Mode of Procurement: **Negotiated Procurement**

RIV No.: **081-01-12**

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

1202-1324

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	PC	EXECUTIVE CHAIR	4,900.00	4,900.00
			Specifications:		
			High Back		
			Swivel/Knee Tilt mechanism w/ lock adjust		
			Injection moulded foam backrest covered w/ leather		
			Color: black		
			Pneumatic Gas lift		
			Hooded dual wheel casters		
	*****	*****	To replace damage executive chair of RVP - PhRO VI	*****	4,900.00
			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,

MARJORIE A. CARIETO
CHIEF, MSD IV

Fund available in the amount of : **2 4900.-**

Approved:

REYNALDO P. SUCGANG, JR., MD.
Officer-In-Charge
PhilHealth Regional Office VI

JEIJEN ROSE C. GAVINO
Fiscal Controller IV

Received copy of P.O. on **2/10/12**

By: **Clyde Macarieta**

CONFORME:

PROGRESS HOME & OFFICE FURNISHINGS
(Printed Name & Signature of Supplier/Rep.)