



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

REGIONAL OFFICE VI	
DATE: 2/10/2012	RELEASED
BY: [Signature]	6/10/DATE:

Supplier: **SKY CABLE PILIPINO CABLE CORP.**

P.O. No:

61202-25

Address: **ABS CBN complex, Luna st.**

Date:

2/10/2012

La Paz Iloilo City

Terms of Payment:

30 calendar days

Tel./Fax:

Mode of Procurement

Direct Contracting

Supplier Registered with:

RIV No.:

083-01-12

Please deliver to this Office on Feb. 27 to Mar. 27, 2012 upon receipt hereof :

1202-0236

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	lot	TV BLOCKTIME		19,000.00
			Inclusive of TV crew's Talent Fee		
			Date of Tappings: 1 month		
			Between February 27 to March 27, 2012		
			Episodes to be confirmed after P.O.		
			No. of Hours		
			1 hour & a half live taping/week plus 3		
			replays/week		
			Time Slot:		
			1:30pm - 3:00pm		
	*****	*****	For advocacy & promo for Philhealth 17th Anniversary Celebration	*****	19,000.00
			TOTAL		19,000.00

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 : \$ 19,000.-

Approved:

JONALYN T. ILISAN/JEJEN ROSE CHU-SAVINO
 Fiscal Controller III/Fiscal Controller IV

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

Received copy of P.O. on 3-1-12

By: _____

CONFORME:

RONA PETER C. ALINGASA
SKY CABLE PILIPINO CABLE CORP.
 (Printed Name & Signature of Supplier/Rep.)