



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 I.M. TEAM LEADERSHIP	
BYPAYEE 2/17/12 2:00pm	RELEASED 2/23

**PURCHASE ORDER**

Supplier: **TRITONICS COMPUTER SERVICES**

Address: **Fuentes St., Iloilo City**

Tel./Fax: **338-3816**

Supplier Registered with:

P.O. No: **61202-036**

Date: **2/16/2012**

Terms of Payment: **30 calendar days**

Mode of Procurement: **Negotiated Procurement**

RIV No.: **125-02-12**

Please deliver to this Office **within 3 calendar days** upon receipt hereof:

1702-1728

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	STREAMER - TARPULIN	1,472.00	1,472.00
			Dimension 4 x 16 ft - 17th Phil. Health Anniversary		
	1	pc	STREAMER - TARPULIN	230.00	230.00
			Dimension 2.5ft. X 4 ft - Activities during Anniversary		
	*****	*****	For Philhealth 17th Anniversary use	*****	1,702.00
			<b>TOTAL</b>		

**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 IV

Fund available in the amount of: **2 1702.-**

Approved:

**JONALYN T. ILISAN**  
Fiscal Controller III

**JEIEN ROSE C. GAVINO**  
Fiscal Controller IV

**EYNALDO P. SUGANG, JR., MD**  
OFFICER-IN-CHARGE  
PHILHEALTH REGIONAL OFFICE VI

Received copy of P.O. on **02-24-2012**  
By: **Conchita Pano**

CONFORME:

**TRITONICS COMPUTER SERVICES**

(Printed Name & Signature of Supplier/Rep.)