

Republic of a 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

Supplier: MF MARKETING & RECOPIER

P.O. No:

61202-040

Address: YMCA Bldg. Iznart st.

Date:

2/24/2012

Iloilo City

Tel./Fax: 335-8986

Terms of Payment: Mode of Procurement:

30 calendar days

Negotiated Procurement

Supplier Registered with:

096-01-12

Please deliver to this Office from January - December 2012 upon receipt hereof:

1203-0135

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	12	mos	RENTAL OF PHOTOCOPYING	0.65	78,000.00
			MACHINE FOR PhRO - VI		
			FOR THE PERIOD January -December 2012		
			10,000 copies/month		
			See attached Terms & Conditions		
	*****	******	For PhRO-VI use	**********	78,000.00
				TOTAL	

Conditions:

Very truly yours

Fund available in the amount of

Approved:

Fiscal Connuner III/Fiscal Conroller IV

ONFORME:

(Printed Name &

(ignature of Supplier/Rep.)

^{*}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.