



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 ADMIN. COMPTROLLERSHIP	
DATE	RECEIVED
3/14	

## PURCHASE ORDER

Supplier: **COMPUTRON BUSINESS CENTER**

Address: **Quezon st.,**

**Iloilo City**

Tel./Fax: **337-2398; 337-2544**

Supplier Registered with:

P.O. No:

**61203-046**

Date:

**March 5, 2012**

Terms of Payment:

**30 calendar days**

Mode of Procurement:

**Direct Contracting**

RIV No.:

**171-02-12**

Please deliver to this Office **within 15 calendar days** upon receipt hereof:

*1203-0743*

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	lot	REPAIR/MAINTENANCE & REPLACE OF PARTS		
			FOR SHARP PHOTOCOPIER AR-203E		
			SN: 85058334		
			Materials needed:		
	1	pc	Ratchet Gear	400.00	400.00
	1	pc	Drive Gear	500.00	500.00
	1	pc	Fusing gear	500.00	500.00
			Lifetime warranty & service		
	*****	*****	For use of SO Aklan	*****	1,400.00
			<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,

*[Signature]*  
**JONALYN G. CUEVA**  
Admin. Officer IV

Fund available in the amount of: \$ 1400.-

Approved:

*[Signature]*  
**MARJORIE A. CABRIETO**  
CHIEF, MSD

*[Signature]* 3/13/12  
**JONALYN T. ILISAN/JEJEN ROSE CHU-GAVINO**  
Fiscal Controller III/Fiscal Controller IV

Received copy of P.O. on 03-15-2012

By: LORMAY ATAP

CONFORME:

*[Signature]*  
**COMPUTRON BUSINESS CENTER**  
(Printed Name & Signature of Supplier/Rep.)