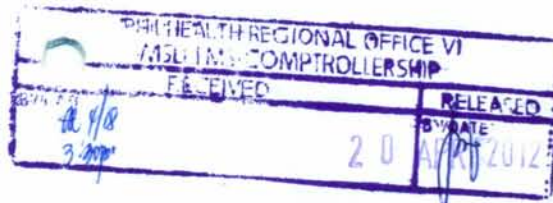




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloilo City
 Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph



PURCHASE ORDER

Supplier: **FEMO'S KITCHENETTE**

Address: **Bus. Park, San Jose**

Antique

Tel./Fax: **9189192825**

Supplier Registered with:

Please deliver to this Office on **April 24, 2012** upon receipt hereof :

P.O. No:

61204-078

Date:

4/17/2012

Terms of Payment:

15 calendar days

Mode of Procurement:

Negotiated Procurement

RIV No.:

206-03-12

1209-1669

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	lot	DINNER		
			ON APRIL 24, 2012		
	60	pax	Type: Buffet	290.00	17,400.00
			Menu:		
			Soup - One Kind - Fish Tinola		
			Side Dish - One Kind (chicken) - Chicken Strips		
			Main Dish - One Kind (pork) - Lechon Kawaii		
			Dessert - One kind - Banana & Water Melon		
			Rice		
			Drinks - C2 Tea		
			Inclusive of venue, electricity for IT		
			equipment, sound system, podium,		
			rostrum, backdrop & set-up.		
			Forum for Accredited Doctors		
			for Service Office Antique use		
			TOTAL		17,400.00

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

RODALYN G. CUEVA
 OIC-MSD

Fund available in the amount of: **2 17400.-**

Approved:

JONALYN T. IUSAN/JEJEN ROSE CHU-GAYINO
 Fiscal Controller III/Fiscal Controller IV

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

Received copy of P.O. on

By:

CONFORME:

(Printed Name & Signature of Supplier/Rep.)