1	3	PHILIPPIN Philhealth R	of the Philippines NE HEALTH INSURANCE CORPORATION tegional Office VI, Majestic Bidg. #15 J. De Leon St. 724 / 5087300 region6@philhealth.gov.ph PURCHASE ORDER	, lioilo City	ALTH FRICTONAL OFFIC TM: COMPLICTENT GEWHL	E VI KLUEASE MATE YM
Tel./Fax: Supplier				- P.O. No: Date: Terms of Payment: Mode of Procurement: RIV No.:	<u>61204-080</u> <u>4/19/2012</u> <u>30 calendar days</u> <u>Direct Contracting</u> <u>236-03-12</u> 7004	-1871
NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	1011
	1	LOT	SPOT ON THE SPONSORSHIP WALL	5,000.00	5,000.00	
			CONTAINING COMPANY LOGO OF SPONSORS			

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.

FOR THE LINGGA-ANAY FESTIVAL CELEBRATION OF LGU PANAY. For Service Office Capiz use

\*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,

TOTAL

MARJORIE A. CABRIETODA CUEVA G CHIEF, MSD OIC-MSD

5,000.00

5000. Fund available in the amount of

Approved:

ABRIETO MARIORI OIC-P IRO VI

JONALYN T. ILISAN/JEIJEN ROSE CHULGAVI Fiscal Controller III/Fiscal Conroller IV

766-00 Received copy of P.O. on By:

CONFORME:

DEMME MUNICIPALITY OF PANAY

(Printed Name & Signature of Supplier/Rep.)