



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

REGIONAL OFFICE VI	
OFFICE OF THE REGIONAL CONTROLLER	
DATE: 4/19/12	BY: [Signature]
4/26	

PURCHASE ORDER

Supplier: PROVINCE OF AKLAN
Address: Kallibo Aklan

P.O. No: 61204-081
Date: 4/19/2012
Terms of Payment: 30 calendar days
Mode of Procurement: Direct Contracting
RIV No.: 258-04-12

Tel./Fax: (036) 268-5338/262-4924/262-4685

Supplier Registered with:

Please deliver this advertisement on **April 25, 2012** upon receipt hereof :

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	page	FULL COLOR ADVERTISEMENT	5,000.00	5,000.00
			for the 56th Anniversary of Province		
			of Aklan		
			For Service Office Aklan use		
			TOTAL		5,000.00

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,

RODALYN G. CUEVA
Admin. Officer IV/ OIC-MSD

Fund available in the amount of: 2 5000.-

Approved:

JONALYN T. ILISAN/JEIJEN ROSE CHU-GAVINO
Fiscal Controller III/Fiscal Controller IV

MARJORIE A. CABRIETO
OIC - PhRO VI

Received copy of P.O. on _____
By: _____

CONFORME:

PROVINCE OF AKLAN
(Printed Name & Signature of Supplier/Rep.)