

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: LEDI SUPERMART

Address: J. de Leon st.

Ilollo City

Please deliver to this office 1 day upon receipt hereof:

Tel./Fax: (033) 337-3208 Supplier Registered with: P.O. No: Date:

61204-085

4/25/2012

JOIN #1

Terms of Payment: Mode of Procurement:

COD Negotiated Procurement

229-03-12

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	90	packs	COFFEE MIX - 3in1 (36x16.5G packaging)	153.30	13,797.00
	126	packs	STYROPORE CUPS - 8oz. (25pcs/pack)	27.75	3,496.50
	33	packs	POPSICLE STICK - WOOD (100pcs/pack)	8.50	280.50
			For Ads & Promo		
				TOTAL	17,574.00

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,

Fund available in the amount of

7574

Approved:

IONALYN T. ILISAN/JEIJEN ROSE CHU

Fiscal Controller III/Fiscal Conroller IV

767-00 / Received copy of

PHILHEALTH REGIONAL

CONFORME:

LEDI SUPERMART

(Printed Name & Signature of Supplier/Rep.)