

Republic of the ppines

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: ILOILO GRAND HOTEL

Address: Iznart Street

Ilollo City

Tel./Fax: (033) 337-0456

Supplier Registered with:

P.O. No:

61204-087

Date:

4/26/2012

Terms of Payment:

30 days

KELEASED

Mode of Procurement:

Negotiated Procurement

RIV No.:

224-03-12

	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			May 29, 2012		
	320	pax	SNACKS - PM	98.00	31,360.00
			for Private Employers		
			Menu:		
			Pasta with Bread - Spaghetti Meatballs & Toasted bread		
			Drinks - Ice Tea		
			May 31, 2012		
	170	pax	SNACKS - PM	98.00	16,660.00
			for Private Employers		
			Menu:		
			Pasta with Bread - Spaghetti Meatballs & Toasted bread		
			Drinks - Ice Tea		
			Inclusive of: Venue, Electricity for		
			IT Equipment, sound system, podium		
			rostrum, backdrop, and set-up		
			For the participants on the forum		
			with Private & Government Employers		
			in Iloilo & Guimaras Provinces		
				TOTAL	48,020.00

*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 :

48020 ..

Approved:

767-00 31020

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

440-90 CPAMD 45,000 MC Received copy of P.O. on MC By: FLANCINE

REYNALDO P. SUCGANG, JR., MD. Officer-In-Charge PhilHealth Regional Office VI

CONFORME:

ILOILO GRAND HOTEL (Printed Name & Signature of Supplier/Rep.)