



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

PHILHEALTH REGIONAL OFFICE VI MSD FMS CONTROLLERSHIP	
RECEIVED	RELEASED
BY DATE: <i>th 5/2 1:49 PM</i>	BY DATE: <i>5/4</i>

PURCHASE ORDER

Supplier: **EXPRESS LANE TRANSPORT SERVICES**

Address: **Jaro**

Iloilo City

Tel./Fax: **(033) 5083786**

Supplier Registered with:

Please deliver to this office on **May 02, 2012** upon receipt hereof :

P.O. No: **61204-090**

Date: **4/30/2012**

Terms of Payment: **15 days**

Mode of Procurement: **Negotiated Procurement**

RIV No.: **272-04-12**

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	LOT	1 UNIT VAN RENTAL	3,500.00	3,500.00
			Date: May 02, 2012		
			Time: 7:00AM to 6:00PM		
			Route: Province of Iloilo		
			For Philhealth Cares Activity		
			TOTAL		3,500.00

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,

[Signature]
MARJORIE A. CARRIETO
 MSD Chief

Fund available in the amount of : *2 3500.-*

Approved:

[Signature] **JONALYN E. ILISAN/JEIJEN ROSE CHU-GAVINO**
 Fiscal Controller III/Fiscal Controller IV

[Signature] **REYNALDO P. SUCANG, JR.**
 OFFICER-IN-CHARGE
 PHILHEALTH REGIONAL OFFICE VI

Received copy of P.O. on *5/4/12*

By: *[Signature]* **FREDDY FERNANDEZ**

CONFORME:

EXPRESS LANE TRANSPORT SERVICES
 (Printed Name & Signature of Supplier/Rep.)