



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<br>MSD/IMS CONTROLLER'S OFFICE |                          |
| RECEIVED<br>DATE: 4/30/12<br>TIME: 1:15 PM                   | RELEASED<br>DATE: 5/1/12 |

### PURCHASE ORDER

Supplier: **KIRSTEN & CORINNE FOOTWEAR SHOE REPAIR SHOP**

Address: **Cor. Luna Huervana sts., La Paz**

**Iloilo City**

Tel./Fax: **(033)333-2435**

Supplier Registered with:

Please deliver to this office **within 15 calendar days** upon receipt hereof :

P.O. No: **61204-092**

Date: **4/30/2012**

Terms of Payment: **30 calendar days**

Mode of Procurement: **Negotiated Procurement**

RIV No.: **261-04-12**

| NO | QTY | UNIT | ITEM DESCRIPTION                        | UNIT PRICE | TOTAL AMOUNT     |
|----|-----|------|---|------------|------------------|
|    | 33  | pcs  | <b>BAG WITH PHILHEALTH CARES LOGO</b>   | 550.00     | 18,150.00        |
|    |     |      | Specifications:                         |            |                  |
|    |     |      | Color: Black                            |            |                  |
|    |     |      | 1 main zipper (compartment)             |            |                  |
|    |     |      | 1 sub zipper - 2 pockets                |            |                  |
|    |     |      | Material: Polyester                     |            |                  |
|    |     |      | Size: 14x14 inches                      |            |                  |
|    |     |      | with CARES logo at the front            |            |                  |
|    |     |      | center of Bag size; 2x6 inches          |            |                  |
|    |     |      | For Philhealth Cares Training Materials |            |                  |
|    |     |      | <b>TOTAL</b>                            |            | <b>18,150.00</b> |

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,

**MARJORIE A. CABRIETO**  
MSD Chief

Fund available in the amount of : **P 18150.-**

Approved:

**LOURDES F. DIOCSON**  
OIC-PhRO VI

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

Received copy of P.O. on **05-21-12**

By: **Jandy Palmaro**

CONFORME:

**KIRSTEN & CORINNE FOOTWEAR SHOE REPAIR SHOP**  
(Printed Name & Signature of Supplier/Rep.)