



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 AGL ILM CONTROLLER	
BY DATE: 5/9/12	RELEASED: 5/10

PURCHASE ORDER

Supplier: **BREAKTHROUGH RESTAURANT**

Address: **Sto. Nino Norte, Arevalo**

Iloilo City

Tel./Fax: **(033) 336-4755/337-3027**

Supplier Registered with:

Please deliver to this office on **May 10, 2012** upon receipt hereof:

P.O. No: **61205-101**

Date: **5/9/2012**

Terms of Payment: **30 days**

Mode of Procurement: **(NP) Emergency Purchase**

RIV No.: **275-04-12**

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			DINNER BUFFET		
	70	pax	May 10, 2012	350.00	24,500.00
			Menu:		
			Soup: Managat Sinigang		
			Main Dishes: Sugba Managat & Boneless Bangus		
			Seafoods: Crab Meat		
			Chicken: Lechon Manok (native)		
			Side Dish: Talaba		
			Rice: Plain		
			Dessert: Ripe Mango		
			Drinks: Softdrinks		
			For the participants on the		
			Benefits & Operations Caravan		
			on May 9 - 11, 2012		
			TOTAL		24,500.00

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,

MARJORIE A. CABRIETO
MSD Chief

Fund available in the amount of: **\$ 24,500 -**

Approved:

DENNIS S. MAS, Ph.D. URP
RVP - PhRO VI

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

Received copy of P.O. on **5/10/12**

By:

CONFORME:

BREAKTHROUGH RESTAURANT
(Printed Name & Signature of Supplier/Rep.)