

Republic of the Pl PHILIPPINE HEALIH 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: LOCKHEART MNGT. DEVT. CORP.

Address: Glicerio T. Pison Ave., Mandurriao

Iloilo City

Tel./Fax: (033) 320-7972 Supplier Registered with:

P.O. No: Date:

61205-105

CHEMEALTH REGIONAL OFF

5/8/2012

Terms of Payment:

30 days

Mode of Procurement:

(N.P.) Emergency Purchase

274-04-12

RIV No .:

HELLA ED

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	Lot	ROOM ACCOMODATION WITH BREAKFAST		
			Check-in: May 08, 2012		
			Check-out: May 12, 2012		
	23	rooms	Double/Twin Occupancy	2,240.00	206,080.00
	7	rooms	Matrimonial Occupancy	2,240.00	62,720.0
	1	extra	Bed - 1st night	550.00	550.0
	-		Note: Payment will based on actual occupancy of	Note: Payment will be	
			the participants.	based per room of	
				actual occupancy.	
				Corporate rate instead of	
				regular rate.	
			For the participants on the Benefits & Operations		
			Caravan on May 09 - 11, 2012		
				TOTAL	269,350.00

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,

DENNIS S. MAS, Ph.D. URP

RVP - PhRO VI

Fund available in the amount of ;

Approved:

ONALYN T. ILISAN/JEIJEN ROSE CHU-GAVINO

Fiscal Controller III/Fiscal Conroller IV

421-60 Received copy of

CONFORME:

Osselle

LOCKHEART MINGT. DEVT. CORP.

(Printed Name & Signature of Supplier/Rep.)

AUTO