



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

File copy  
5/23

**PURCHASE ORDER**

Supplier: **ILOILO IZEEM COMMERCIAL**

Address: **Mabini st., Iloilo City**

Tel./Fax: **(033) 337-6411**

Supplier Registered with:

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

P.O. No: **61205-116**

Date: **May 22, 2012**

Terms of Payment: **30 calendar days**

Mode of Procurement **Local Shopping**

RIV No.: **283-04-12**

1205-4799

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	33	pcs	LOGBOOKS - 500 LEAVES	54.00	1,782.00
			For Philhealth Cares use		
	*****	*****	*****	*****	1,782.00
			<b>TOTAL</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. CARIETO**  
MSD Chief

Fund available in the amount of : 2 1782.-

Approved:

**DENNIS S. MAS, Ph.D. URP**  
RVP - PRO VI

P-cores  
753-02

**JEIJEN ROSE CHU-GAVINO**  
Fiscal Controller IV

Received copy of P.O. on 5-25-12

By: Rose Gavino

CONFORME: by: [Signature]

**ILOILO IZEEM COMMERCIAL**  
(Printed Name & Signature of Supplier/Rep.)