



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/MS COMPLIANCE	
RECEIVED	RELEASED
DATE	DATE
	6/6

### PURCHASE ORDER

Supplier: ASU-CIT /AKLAN STATE UNIVERSITY

Address: Kalibo Aklan

Tel./Fax: (036) 268-9985/09186922766

Supplier Registered with:

Please deliver to this Office **May 25, 2012** upon receipt hereof:

P.O. No: 61205-124

Date: May 29, 2012

Terms of Payment: 30 calendar days

Mode of Procurement Negotiated Procurement

RIV No.: 289-05-12

*1206-0614*

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	LOT	FORUM FOR GOVT. & PRIVATE SECTORS		
			FOR LHIO AKLAN ON MAY 25, 2012		
	10	pax	PM SNACKS	75.00	750.00
			Sandwich - Clubhaus		
			Softdrinks - Coke, Sprite, Royal		
			Additional		
			VENUE:	free	
			Inclusive of: Venue, Electricity for		
			IT Equipment, sound system, podium		
			rostrum, backdrop, and set-up		
			NOTE: ADDITIONAL TO P.O.#61205-122		
			Dated: May 25, 2012		
	*****	*****	*****	*****	750.00
			TOTAL		

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: 2 750.-

Approved:

*[Signature]*  
**JEJEN ROSE CHU-GAVINO**  
 Fiscal Controller IV

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

*PAIND 446-9070*  
 Received copy of P.O. on July 10, 2012

By: *[Signature]*

CONFORME:

*[Signature]*  
**MITCHELL A. ROLDAN**  
**ASU-CIT /AKLAN STATE UNIVERSITY**  
 (Printed Name & Signature of Supplier/Rep.)

