



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

DATE: May 31 9:30 AM 6/29

**PURCHASE ORDER**

Supplier: **JANEL'S MINI-MART**  
Address: **Villena st., Cadiz City**

P.O. No: **61205-126**

Date: **May 30, 2012**

Terms of Payment: **COD**

Mode of Procurement **Negotiated Procurement**

RIV No.: **255-04-12**

Tel./Fax: **4930-999/4930-0577**

Supplier Registered with:

Please deliver to this Office **within 1 calendar day** upon receipt hereof :

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	30	packs	COFFEE <u>36PCS / PACK</u>	153.30	4,599.00
	44	packs	DISPOSABLE CUPS & STIRRER <u>25PCS / PACK</u>	35.00	1,540.00
			For Service Perks of Sagay LHIO walk-in Clients	<b>TOTAL</b>	<b>6,139.00</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  
CHIEF, MSD

Fund available in the amount of : 6139.-

Approved:

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

LOURDES F. DIOCSON  
FOD Chief/OIC

Received copy of P.O. on 07/10/12

By: [Signature]

CONFORME:

**JANEL'S MINI-MART**

(Printed Name & Signature of Supplier/Rep.)