



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-FMS-COMPTROLLER-III	
RECEIVED	RELEASED
BY/DATE: <i>7/11/12</i>	BY/DATE: <i>7/12</i>

PURCHASE ORDER

Supplier: **COPYLANDIA OFFICE SYSTEMS CORPORATION**

Address: **Uygongco Bldg., Luna st.**

La Paz, Iloilo City.

Tel./Fax: **508-2535**

Supplier Registered with:

P.O. No: **61207-148**

Date: **July 11, 2012**

Terms of Payment: **30 calendar days**

Mode of Procurement: **Direct Contracting**

RIV No.: **384-07-12**

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

1207-0633

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	tube	INK FOR RISOGRAPH, Z TYPE A, RZ BLACK	1,690.00	84,500.00
	*****	*****	For 3rd quarter CY 2012 Common Office Supplies for PRO VI and LHIOs use	*****	84,500.00
			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. CABRIETO
MSD Chief

Fund available in the amount of : *2* 84500.-

Approved:

[Signature]
MARJORIE A. CABRIETO
OIC - PRO VI

[Signature] *7/12/12*
JEIJEN ROSE CHU-GAVINO
Fiscal Controller IV

174-10
Received copy of P.O. on

By: *[Signature]*

CONFORME: *[Signature]*
MTR L. MOLINA
Branch Coordinator

COPYLANDIA OFFICE SYSTEMS CORPORATION
(Printed Name & Signature of Supplier/Rep.)