

## 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

## PURCHASE ORDER

P.O. No:	
Date:	1
Terms of Payment:	30 0
Mode of Procurement:	Negotiate

Tel./Fax: 336-3675

Supplier:

Address:

Supplier Registered with:

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

CYBERLINK COMPU SALES

Iznart St., Iloilo City

balo.	AUGUST 5, ZUTZ
Terms of Payment:	30 calendar days
Mode of Procurement:	Negotiated Procurement
RIV No.:	404-07-12
	1208-0848

PHILHEALTH REGIONAL OFFICE MSD-1 MS-COMPTROLLERSHIT

61208-164

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NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	10	bxs	UTP CABLE CAT 5	1.732.00	17,320.00
			For Network Cabling Project Plan		
				TOTAL	17,320.00

Conditions:

174-20

\*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,

Fund available in the amount of :\_\_\_\_\_\_\_\_\_

Received copy of P.O. on OS 13 By: MON DOLOPTING

W JEIJEN ROSE CHU-GAVIN Fiscal Conroller IV

as 13/17

Approved:

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

CONFORME: 19 CYBERLINK COMPU SALES (Printed Name & Signature of Supplier/Rep.)