



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

8/13

**PURCHASE ORDER**

Supplier: **PERSONALIZE EXPRESSIONS INC.**  
 Address: **3rd level, Atrium Mall**  
**Gen. Luna st., Iloilo City**  
 Tel./Fax: **337-5311**  
 Supplier Registered with:  
 Please deliver to this Office *within 3 calendar days* upon receipt hereof :

P.O. No: **61208-166**  
 Date: **August 3, 2012**  
 Terms of Payment: **COD - upon complete billing**  
 Mode of Procurement: **Negotiated Procurement**  
 RIV No.: **424-07-12**

1208-0949

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	250	pcs	BUTTON PIN	25.00	6,250.00
			see attached design & specifications		
			For SHINES Photo Booth on August 17, 2012		
			<b>Supplier Arrangement:</b> Produce number of Button Pins depending on the number of confirmed attendees. 2 - 3 days before the said activity.		
			<b>TOTAL</b>		<b>6,250.00</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. CABBRIETO**  
 MSD Chief

Fund available in the amount of: 2 6250.-

Approved:

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

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

Received copy of P.O. on 8/13/12  
 By: HARICEN MONTILLO

CONFORME:

**PERSONALIZE EXPRESSIONS INC.**  
 (Printed Name & Signature of Supplier/Rep.)