



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

Supplier: **KIRSTEN & CORINNE FOOTWEAR SHOE REPAIR SHOP**
Address: **cor. Luna - Huervana sts., La Paz**
Iloilo City
Tel./Fax: **333-2435**
Supplier Registered with:
Please deliver to this Office **within 15 days** upon receipt hereof:

P.O. No: **61208-169**
Date: **August 8, 2012**
Terms of Payment: **30 Calendar days**
Mode of Procurement: **Negotiated Procurement**
RIV No.: **436-07-12**

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	10	pcs	BAG WITH PHILHEALTH LOGO	650.00	6,500.00
			For Accounts Monitoring		
			See attached detailed Specifications		
			For PRO-VI Collection Team		
			TOTAL		6,500.00

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

Approved:

MARJORIE A. CABRIETO
OIC - PRO VI

Fund available in the amount of: 7 6500.

JEIJEN ROSE CHU-GAVINO
Fiscal Controller III/Fiscal Controller IV

Received copy of P.O. on 08-17-12
By: [Signature]

CONFORME:

KIRSTEN & CORINNE FOOTWEAR SHOE REPAIR SHOP
(Printed Name & Signature of Supplier/Rep.)