

Republic of the Philippines

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

PHILIPPINE HEALTH INSURANCE CORPORATION

Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph

Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., loilo City

RELEASED

PURCHASE ORDER

Supplier:	
Address:	

JAMES PHARMACY

<u>Ledesma st.</u>

Iloilo City

Tel./Fax: 338-1114 Supplier Registered with: P.O. No:

61209-190

Date:

September 12, 2012

PERCHEALTH REGIONAL OFFICE

MSD FMS-COMPTROLLERSHIP

Terms of Payment: Mode of Procurement:

COD

Negotiated Procurement

RIV No.:

469-08-12/480-09-12

1209-0567

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	3	BOX	MASK (SURGICAL) - 50'S/BOX - Suretech	180.00	540.0
	3	PACK	STERILE GAUZE - 50pcs/pack	250.00	750.0
	2	BOX	TONGUE DEPRESSORS (STERILE) - 100pcs/box	350.00	700.0
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				TOTAL	1,990.00

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,

Fund available in the amount of:

JEIJEN ROSE CHURAVINO

Fiscal Conroller IV

Received copy of P.O. on

Approved:

DENNIS S. MAS, Ph.D. URP

RVP - PRO VI

CONFORME:

(Printed Name & Signature of Supplier/Rep.)