



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-TMS CONTROLLER III	
RECEIVED	RELEASED
10/15	10/15

PURCHASE ORDER

Supplier: COPYLANDIA OFFICE SYSTEMS CORP.

Address: G/F IVPD Bldg., Gen. Luna St.
Iloilo City

Tel./Fax: (033) 337-7993; 508-2535

Supplier Registered with:

Please deliver to this office within **5 days** upon receipt hereof :

P.O. No: 61210-204

Date: October 10, 2012

Terms of Payment: 30 days

Mode of Procurement: Direct Contracting-Exclusive Distributorship

RIV No.: 507-09-12

610-1390

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	roll	MASTER ROLL	4,850.00	4,850.00
			RZ A3 MASTER Z, TYPE 77		
			For PhRO VI use		
			TOTAL		4,850.00

Terms and Conditions:

1. The Agency shall impose a penalty in the amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. 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.
4. For imported items, IMPORTANT DOCUMENTS specifically showing the condition, serial numbers of the equivalent purchased, and tax receipts should be submitted by the supplier.
5. Defective, incompatible or non-compliant goods as to specification when quoted shall be rejected and replaced at no cost to Philhealth PhRO-VI.

Certified budget availability:

JONALYN T. INSAN
Fiscal Controller III

Very truly yours,

MARJORIE A. CABRIETO
MSD Chief

Within the C.O.B. _____
Expense Code: _____
Budget: _____
Remarks: _____

Funds available in the amount of: 2 4850.-

JEIJEN ROSE CHU-GAVINO
Fiscal Controller IV

APPROVED:

DENNIS S. MAS, Ph.D. URP
Regional Vice President
PhRO VI

Received copy of P.O. on: 10-18-12

CONFORME:

COPYLANDIA OFFICE SYSTEMS CORP.

(Printed Name & Signature of Supplier/Representative)