

PHILHEALTH REGIONAL OFFICE VI  
MSD-PM CONTROLLERSHIP  
REGIONAL OFFICE VI, Majestic Bldg. #15 J. De Leon St., Iloilo City  
3378724 / 5087300 region6@philhealth.gov.ph

PHILHEALTH REGIONAL OFFICE VI MSD-PM CONTROLLERSHIP	
RECEIVED	RELEASED
BY DATE 11/8/12	BY DATE 11/8

**PURCHASE ORDER**

Supplier: **REGINA'S ICE CREAM HOUSE & RESTAURANT**

Address: **T.A. Fournier, San Jose**

**Antique**

Tel./Fax: **036-5409528**

Supplier Registered with:

Please deliver to this office on **November 7, 14, 21, 28, 2012** upon receipt hereto:

P.O. No:

**61210-219**

Date:

**October 31, 2012**

Terms of Payment:

**30 days**

Mode of Procurement:

**Negotiated Procurement**

RIV No.:

**557-10-12**

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			For EPRS in-house training for Gov't. & Private employers outside San Jose, Antique on November 7, 14, 21 & 28, 2012		
	172	pax	SNACKS - AM	49.00	8,428.00
			Menu:		
			Sandwich		
			Softdrinks		
			For use of LHIO Antique		
			<b>TOTAL</b>		<b>8,428.00</b>

**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:

Very truly yours,

**JONALYN T. ILISAN**  
Fiscal Controller III

**MARJORIEA CABRIETO**  
MSD Chief

Within the C.O.B.

Expense Code:

Budget:

Remarks:

Funds available in the amount of:

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

APPROVED:

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

Received copy of P.O. on:

CONFORME

**REGINA'S ICE CREAM HOUSE & RESTAURANT**  
(Printed Name & Signature of Supplier/Representative)