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

P.O.

Date:

RIV No.:

Terms of Payment:

Mode of Procurement:

61210-221

30 days

411-07-12

1211-2806

November 8, 2012

Direct Contracting

Supplier: COMPUTRON BUSINESS CENTER

Quezon st. Iloilo City.

Tel./Fax: 508-2535

Address:

Supplier Registered with:

Please deliver to this office within 15 calendar days upon receipt hereot :

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	LOT	REPAIR OF DAMAGED PHOTOCOPIER	4,200.00	4,200.00
			SHARP AR203E		
			S/N: 85058994		
			location: GSU		
			Materials needed:		
			1 pc. Upper Heat Roller - NROL10014QSZZ		
			Labor: Life time Warranty		
			For PRO-VI GSU use		
				TOTAL	4,200.00

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:

Very truly your	MARJORIE A CABRIETO
Eunds available in the amount of: <u><u>P</u><u>4200</u> <u>JEIJEN ROSE CHU-GAVINO</u> II/20/12 Fiscal Conroller IV</u>	D
842 -00 Received copy of P.O. on: 11-21-12	DENNIS S. MAS, Ph.D. URP Regional Vice President PhRO VI
CONFORME: <u>COMPUTEON BUSINESS CENTER</u> (Printed Name & Signature of Supplier/Representative)	4