

## PHILIPPINE HEALIH INSURANCE CORPORATION

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

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



## **PURCHASE ORDER**

Supplier: PANORAMA PRINTING P.O. No:

61211-223

Address: Cor. Simon Ledesma-Lopez Jaena Sts., Jaro

Date:

November 8, 2012

Terms of Payment:

15 days

329-5447 Tel./Fax:

Mode of Procurement:

**Negotiated Procurement** 

Supplier Registered with:

RIV No .:

571-10-12

Please deliver to this office within 15 calendar days upon receipt hereot: NO UNIT ITEM DESCRIPTION **UNIT PRICE** TOTAL AMOUNT SUBSIDIARY LEDGER 2,350.00 pcs 4.70 500 pcs GENERAL LEDGER 4.70 2,350.00 see attached actual sample for design and specifications Purpose: For PRO VI - FMS use TOTAL 4,700.00

## 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 yours,

Within the C.O.B.

M\$D Chief

Expense Code

Budgel: Remarks:

663-00

Funds available in the amount of:

Received copy of P.O. on: MIS 12

APPROVED:

MAS, Ph.D. URP

Regional Vice President PhRO VI

CONFORME:

(Printed Name & Signature of Supplier/Representative)