REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation 8/F Golden Peak Tower Gorordo Ave. corner Escario Street, Cebu City

Tel. No. 233-3287 (Telefax)

PURCHASE ORDER

Supplier:

Alcordo Advertising

P.O. No.: 05-031-12

Address:

25-H Nichols Heights Guadalupe Cebu City

Tel./Fax. No. 2539149

Date: May 15, 2012 Terms of Payment: 30 days

Supplier Registered With:

Mode of Procurement: Local Shopping

Please deliver to this office within

Please deliver to this office within 30 days from receipt hereof the following:			120	ubin	
QTY.	UNIT	ITEM DESCRIPTION			TOTAL AMOUNT
500	pcs	Acrylic Standee		144.92	72,461.39
					2881.86
2		6/19			68,199.53
		G(m)		,	
				gan dana sakan dan Makabaka Tan ya Managan ya Galifa Malifa Ba	
			FORT SECTION	INDIG	N
-		Note : for IEC materials (Membership)	767	2.46139 Total	72,461.3
		(The same and a second	
			Someone Cyl		
	QTY.	QTY. UNIT 500 pcs	QTY. UNIT ITEM DESCRIPTION	QTY. UNIT ITEM DESCRIPTION 500 pcs Acrylic Standee G(19 C(17) Note: for IEC materials (Membership) 767 7	QTY. UNIT ITEM DESCRIPTION PRICE 500 pcs Acrylic Standee 144.92 GGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG

Conditions:

- 1. The agency shall impose penalty in an 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 the P.O. by the dealer is not indicated, it shall be deemed received on the 10th day from the date of the approval of the P.O.
- 4. For the imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

Very truly yours, Available in the amount of: Atty. Gerardo S. Ortiz Josette E. Bacalso PR No. 12-04281 dated April 18, 2012 Division Chief IV - MSD Fiscal Controller IV Requested by: Dr. Agnes Dizon, CSIO Prepared by: elillinopli

Jocelyn E. Divinagracia JASO II

WILLIAM O. CHAVEZ Regional Vice President

Received copy of P.O. on:

CONFORME:

Printed Name & Signature of Supplier/Representative

Josalin Cagany