



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

1/10

PURCHASE ORDER

Supplier: **F & E ENTERPRISES INC.**

Address: Jalandoni St.,
Iloilo City

Tel./Fax: 336-0000/335-0125

Supplier Registered with:

Please deliver to this office within **One (1) Day** upon receipt hereof :

P.O. No:

61301-003

Date:

January 9, 2013

Terms of Payment:

30 calendar days

Mode of Procurement:

NP - Emergency Cases

RIV No.:

023-01-13

1301-0101

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	4	PCS	TIRES - 195 R14C	4,250.00	17,000.00
			GOODYEAR		
			For Nissan Frontier SFK 427		
	1	PC	CAR BATTERY - 11 PLATES	5,900.00	5,900.00
			MOTOLITE GOLD		
			For Mitsubishi Adventure SGJ 821		
			For use official vehicles of PRO VI		
			TOTAL		22,900.00

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,

JONALYN T. ILISAN
Fiscal Controller III

MARJORIE A. CABRIETO
MSD Chief

Within the C.O.B. _____

Expense Code: _____

Budget: _____

Remarks: _____

Funds available in the amount of: **22900.00**

JEIJEN ROSE CHU GAVINO
Fiscal Controller IV

APPROVED:

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

847-00
Received copy of P.O. on: **1/11/13**

CONFORME:

F & E ENTERPRISES INC.

(Printed Name & Signature of Supplier/Representative)