

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

PURCHASE ORDER

EMCOR INCORPORATED Supplier: Address:

JUR Bldg., BS Aquino Ave. West Diversion rd.

Mandurriao, Iloilo City

321-3811 to 13

P.O. No: Date:

Terms of Payment:

January 9, 2013

61301-004

30 calendar days

NP - Emergency Cases

Tel./Fax:

Supplier Registered with:

RIV No.:

Mode of Procurement:

004-01-13

Please deliver to this office within Three (3) Days upon receipt hereof:

1301-0505

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	LOT	Transfer of DADV limit from Majorita Dullaling to	68,000.00	68,000.00
			Transfer of PABX Unit from Majestic Building to Gaisano City		
			Note: Includes Materials, Labor for Installation at Gaisano City PRO-6 Office		
			(see attached scope of work)		
			*******Nothing Follows*******		
				TOTAL	68,000.00

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 su
- 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:
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	JONALYN T. ILISAN Fiscal Controller III	Very truly yours,	MARJORIE A. CABRIETO
Within the C.O.B.			MSD Chief
Expense Code:			
Budget:			
Remarks:			
Funds available in the	amount of: 2 68600		\wedge

APPROVED:

MARJORIE A. CABRIETO OIC-PRO VI

JEIJEN ROSE CHU-Fiscal Conroller IV

CONFORME:

copy of P.O. on:

S. AQUINI AVE WEST DIVERSION QI.

(Printed Name & Signature of Supplier Representative)