

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

BY/DATE: HEM

MSD - EMS - COMPTRE

DATE/BY

PURCHASE ORDER

Supplier: FELINE'S GIFT SHOP INC.

Address: 48 Delgado st.,

Iloilo City

Tel./Fax: <u>337-0352</u>

P.O. No:

61301-005

20.710.00

Date:

January 15, 2013

Terms of Payment: Mode of Procurement:

TOTAL

30 calendar days Negotiated Procurement

RIV No.:

038-01-13

Supplier Registered with:

	liver to this		thin Three (3) Days upon receipt hereof :		1301-040
NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	109	pcs	PHILHEALTH FESTIVAL TSHIRT	190.00	20,710.00
			WITH DESIGN		
			(see atttached design)		
			PRINTING:	*	
			HEAT PROCESS TRANSFER		
			PRINTING		
			SIZES:		
	2	PCS	4XL		
	1	PCS	3XL		
	5	PCS	2XL		
	5	PCS	EXTRA LARGE		
	53	PCS	LARGE	Α.	
	21	PCS	MEDIUM		
	16	PCS	SMALL		
	6	PCS	EXTRA SMALL		
			To be worn during the		
			Festival Celebration.		
			******Nothing Follows******		

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 dama
- 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
- 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:

JONALYN F. ILISAN Fiscal Controller III	Very truly yours,
Within the C.O.B. Expense Code: Budget:	MARJORIETO MSD Chief
Funds available in the amount of: JEIJEN ROSE CHUPAVINO Fiscal Conroller IV	APPROVED:
767-00 Received copy of P.O. on:	<u>DENNIS S. MAS, Ph.D. URP</u> Regional Vice President PRO VI

CONFORME:

(Printed Name & Signature of Supplier/Representative)