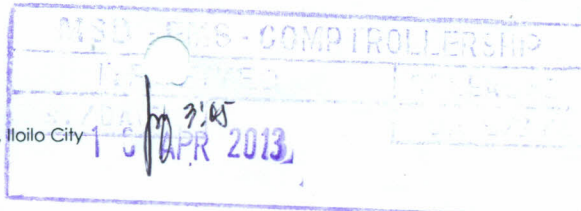




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloilo City
Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph



PURCHASE ORDER

Supplier: **ST. MARGARET'S INC.**
Address: Bitag-Gaja, New Lucena, Iloilo

Tel./Fax: **09062032205**

Supplier Registered with:

Please deliver to this office from **May 01 to December 31, 2013** upon receipt hereof:

P.O. No: **61301-009**
Date: **April 16, 2013**
Terms of Payment: **30 calendar days**
Mode of Procurement: **Negotiated Procurement**
RIV No.: **007-01-13**

1304-0960

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1973	CONT.	PURIFIED DRINKING WATER (5 GALLONS)	35.00	69,055.00
			For PRO VI use		
			(see attached T.O.R)		
			Period Start: May 01, 2013		
			Period End: December 31, 2013		
			TOTAL		69,055.00

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:

JONALYN T. LISAN
Fiscal Controller III

Very truly yours,

MARJORIE A. CARRIETO
MSD Chief

Within the C.O.B. _____
Expense Code: _____
Budget: _____
Remarks: _____

Funds available in the amount of: **₱ 69,055.-**

JEJEN ROSE CHU-GAYINO
Fiscal Controller IV

APPROVED:

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

Received copy of P.O. on: **774-10**

04/22/13

CONFORME:

ST. MARGARET'S INC.

(Printed Name & Signature of Supplier/Representative)