

Supplier:

Address:

Republic of the Philippin

PHILIPPINE HEALTH INSURANCE CORPORATION

Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Ildile City

Tél Nos. 3378724 / 5087300 region6@philhealth.gov.ph

PURCHASE ORDER

ILOILO GOLDEN HANDS CONST. SUPPLY

Date:

61301-014

January 28, 2013

Tel./Fax: 320-1840

Mali-ao, Pavia, Iloilo

Terms of Payment: Mode of Procurement:

15 calendar days Negotiated Procurement

Supplier Registered with:

RIV No .:

003-01-13

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	LOT	HAULING SERVICES FOR THE TRANSFER OF GENSET FROM MAJESTIC BUILDING to GAISANO MALL	4,000.00	4,000.0
			1 unit Boom Truck, Manpower/Haulers		
	-		******Nothing Follows******		
	-				
				TOTAL	4,000.0

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 supported items.
- 5. Detective, 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

Within the C.O.B Expense Code:

Budget:

Remarks

Funds available in the amount of:

JEIJEN ROSE CHU-GAVIN

Fiscal Conroller IV

APPROVED:

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

PRO VI

769-00 Received copy of P.O. on:

CONFORME:

ILOILO GOLDEN HANDS CONST. SUPPLY

(Printed Name & Signature of Supplier/Representative)