



Tel./Fax: 320-1840

Supplier Registered with:

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

PURCHASE ORDER

P.O. No:

Date:

Terms of Payment:

Mode of Procurement:

RIV No.:

61301-014

January 28, 2013

15 calendar days

Negotiated Procurement

003-01-13

1307-0109

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. ILISAN
Fiscal Controller III

Very truly yours,

MARJORIE A. CABRIETO
MSD Chief

Within the C.O.B.

Expense Code:

Budget:

Remarks:

Funds available in the amount of:

JEIJEN ROSE CHU-GAVINO
Fiscal Controller 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)