Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Philheadth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloilo City Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph

PURCHASE ORDER

Supplier:	NERI MO	SQUERA	Ŧ	P.O. No:	<u>61302-018</u>	
Address:	Calinog,	lloilo		Date:	February 4, 2013	
				Terms of Payment:	<u>15 calendar days</u>	
Tel./Fax:				Mode of Procurement:	Negotiated Procurement-Emergency Case	
Supplier Registered with:				RIV No.:	<u>130-01-13A</u>	
The delive	ery/work co	mpletio	n is within 4 days. : 10(00		1302-	
NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
	1	JOB	LABOR FOR RESTORATION OF PARTITION FOR DOOR 3 & 4 CASTELLANO ARCADE	5,000.00	5,000.00	
			EMERGENCY PURCHASE		5.1	
			FOR LHIO PASSI USE	x		
			*******Nothing Follows******			
		-				
				TOTAL	5,000.00	

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 supplier 5. Defective, incompatible or non-compliant goods as to specification when quoted shall be rejected and replaced at no cost to Philheatth PhRO-VI.

Certified budget availability:

JONALYN T. ILISAN Fiscal Controller III

Very truly yours,

APPROVED:

MARJORIE A. CABRIETO MSD Chi

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

PRO VI

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

Funds available in the amount of:

841-00 Received copy of P.O. on:

2/12/13 CONFORME:

5000.

JEIJEN ROSE CHU-GAVIN Fiscal Conroller IV

NERI MOSQUERA

(Printed Name & Signature of Supplier/Representative)