

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: TONY'S FASTFOOD & CATERING SERVICES Address: Luna St., La Paz, Iloilo City

Date:

Terms of Payment:

TOTAL

February 8, 2013 30 calendar days

Tel./Fax: 329-4314 Supplier Registered with: Mode of Procurement: RIV No.:

Negotiated Procurement 118-01-13

12,000.00

61302-025

| | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|-----|------|--|------------|--------------|
| | 1 | LOT | CATERING SERVICES | | |
| | 40 | PAX | AM SNACKS | 70.00 | 2,800.00 |
| | | | Sandwich : Chicken Sandwich | | |
| | | | Juice in can: Pineapple Juice | | |
| Г | 40 | PAX | LUNCH | 230.00 | 9,200.00 |
| | | | Side Dish: Vegetables (Chopsuey) | | |
| | | | Main Courses: | | |
| | | | Fish: Fish Fillet Sweet n Sour | | |
| | | | Pork: Pork Afritada | | |
| | | | Chicken: Buttered Chicken | | |
| | | | Rice | | |
| | | | Dessert:Custard Cake | | |
| | | | Softdrinks: Pepsi Products | | |
| | | | | | |
| | | | Venue: 2nd Floor Conference Room | | |
| | | | N | | |
| | | | For CARES Feedbacking on February 16, 2013 | | |
| | | | ******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 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: | |
|---|--------------------------|
| | Very truly yours, |
| IONIA PART III DANI | |
| JONALÝN T. ILISAN Fiscol Controller III | / M // K |
| riscal Controller III | MARJORIE AL CABRIETO |
| Within the C.O.B. | MSD Chief |
| Expense Code: | Jispe ind |
| Budget: | |
| Remarks: | |
| 4 | |
| Funds available in the amount of: | |
| JEIJEN ROSE CHU-GAVINO 114 13 | |
| Fiscal Conroller IV | |
| riscul Collidiei 14 | APPROVED: |
| | ATTROVED. |
| | In |
| 915-04 2- CADES 12/0/0 | DENNIS S. MAS, Ph.D. URP |
| 0 | Regional Vice President |
| P-CARES 62/18/13 | PRO VI |
| Received copy of P.O. on: | |

CONFORME:

TONY'S FASTFOOD & CATERING SERVICES

(Printed Name & Signature of Supplier/Representative)