	9	PHILIPP Philhealt	: of the Philippus INE HEALTH INSURANCE CORPORATION h Regional Office VI, Majestic Bldg. #15 J. De Leo	n St., Iloilo City	MSP FMS-COMPIR	DLLERSHIP TRESLEASE DATE/B	
upplier:	FEMOS		378724 / 5087300 region6@philhealth.gov.ph PURCHASE (	DRDER P.O. No:	12/4 2/15 2/19	02-026	
ddress:	ress: Atabay, San Jose, Antique			Date: Terms of Payment:	February 12 30 calenda	February 12, 2013 30 calendar days	
	egistered liver to thi		n February 26, 2013 hereof :	Mode of Procurement: RIV No.:		<u>-02-13</u> 02-1725	
NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	-115	
	1	LOT	MEALS - LUNCH & SNACKS - PM ON FEBRUARY 26, 2013				
	42	PAX	LUNCH Menu :	27	79.00 11,3	718.00	
			Soup: Chicken Satanghon Soup Side Dish: Vegetable Salad Main Dishes: Fried Chicken, Sweet n Sour Fish				
	-		Rice				
			Dessert: Assorted Cut-Slice Fruits Drinks: Softdrinks (Coke, Sprite, Royal)				
	42	PAX	SNACKS - PM Menu:		29.00 4,1	158.00	
			Burger:Cheese Burger C2				
			Inclusive of Venue, Electricity for IT Equipment, Sound System, Podium, , Rostrum and Set up				
			For orientation with LGU's, re: Accreditation as ACAs & EPRS updates on February 26, 2013				
			For Antique Local Health Insurance Office				
				TOTAL	15,87	76.00	

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 Philhegith PhRO-VI.

Certified budget availability:

JONALYN T. ILISAN Fiscal Controller III

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

Funds available in the amount of:

JEIJEN ROSE CHUICAVINO Fiscal Conroller IV

15876.

CONFORME:

Very truly yours, MARJORIE A. CABRIETO MSD Chief

APPROVED: 22 MARJOREA OIC - PRO VI

767 00 Received copy of P.O. on: Jennson

Forms FEMOS'CENTROSPHERE (Printed Name & Signature of Supplier/Representative)