

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloilo C

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

PURCHASE ORDER

Supplier: NEWTOWN MERCHANDISING INC. Address: No. 4 Quezon St., Iloilo City

Date:

February 19, 2013 Terms of Payn

Mode of Procurement: Tel./Fax: 337-6507 Supplier Registered with: RIV No.:

() calendar days Negotiated Procurement

61302-033

1303-1844

Please deliver to this office within 7 days after receipt hereof:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			DISPOSABLE PLASTIC CUPS, 6 oz.		
			50 PCS PER PACK		
	144	DACKS		04.00	3,585.6
	144	PACKS	LHIO ILOILO	24.90	
	85	PACKS	LHIO CAPIZ	24.90	2,116.5
	85	PACKS	LHIO AKLAN	24.90	2,116.5
	85	PACKS	LHIO ANTIQUE	24.90	2,116.5
	28	PACKS	LHIO PASSI	24.90	697.2
	28	PACKS	LHIO SARA	24.90	697.2
	28	PACKS	GUIMARAS BUSINESS CENTER	24.90	697.2
	144	PACKS	LHIO BACOLOD	24.90	3,585.6
	28	PACKS	LHIO SAGAY	24.90	697.2
	28	PACKS	LHIO KABANKALAN	24.90	697.2
			March 2013- May 2013	v	
			For PRO 6 compliance to memo in ensuring Client's satisfaction with some service perks		
			*******Nothing Follows******		
	-			TOTAL	17,006.7

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,	
JONALYN T. ILISAN Fiscal Confroller III	MARJORIE A CABRIETO	
Within the C.O.B.	MSD Chie	
Expense Code:	, 4	
Budget:		
Remarks:		
Funds available in the amount of: 17006-70		
JEIJEN ROSE CHU-PAVINO		
Fiscal Conroller IV		
) V	APPROVED:	
	3 St. 1 St.	

DENNIS S. MAS, Ph.D. URP **Regional Vice President** PRO VI

(Printed Name & Signature of Supplier/Representative)