

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Philhealth Regional Office VI, Gaisano City Mall Luna St., Iloilo City

Tel Nos. 501-9160 to 62, 501-9165 to 67 region6@philhealth.gov.ph

**PURCHASE ORDER** 

FMS-GCMPIROLLERSHIP

Supplier: COPYLANDIA OFFICE SYSTEMS CORPORATION

P.O. No: Date:

61303-041

Address: G/F IVPD Bldg., Gen. Luna St.,

Terms of Payment:

March 5, 2013

lloilo City

30 calendar days

Tel./Fax: 508-2535

Mode of Procurement:

Direct Contracting

Supplier Registered with:

RIV No.:

167-02-13

Please deliver to this office within 15 days upon receipt hereof:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	TUBE	INK FOR RISOGRAPH, Z TYPE A, RZ BLACK	1,690.00	84,500.00
	4	ROLL	MASTER ROLL , RZ A3 MASTER Z, TYPE 77	4,850.00	19,400.00
			For 1st Qtr CY 2013 Common Office Supplies for PRO VI, LHIOs and Business Centers use		
			*******Nothing Follows******		
				TOTAL	103,900.00

## 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 Philhealth PhRO-VI.

Certified budget availability:

Very truly yours,

JONALYN T. NISAN

Fiscal Controller III

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

Funds available in the amount of:

JEIJEN ROSE CHU

103900

Fiscal Conroller IV

APPROVED:

JR

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

PRO VI

COPYLANDIA OFFICE SYSTEMS CORPORATION

(Printed Name & Signature of Supplier/Representative)