

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: DON PARILLA CATERING SERVICE

Address:

333 Jalandoni st.

Iloilo City

Tel./Fax: 300-7661/396-8035/0920-9528873

Supplier Registered with:

P.O. No: Date:

61303-048 March 12, 2013

Terms of Payment:

30 calendar days

Mode of Procurement:

Negotiated Procurement

RIV No.:

180-02-13

| NO | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|----|-----|------|--|------------|--------------|
| | 173 | pax | MEALS - DINNER | 235.00 | 40,655.00 |
| | | | Chicken - Curry | | |
| | | | Fish - Fish Fillet w/ sweet & sour sauce | | |
| | | | Pork - Menudo | | |
| | | | Vegetables - Mixed seafood vegetables | | |
| | | | Dessert - Buko pandan salad | | |
| | | | Rice - Rice | | |
| | | | Drinks - Softdrinks | | |
| | | | Meals for PhilHealth Employees Night | | |
| | | | Night on March 15, 2013 | | |
| | | | | TOTAL | 40,655.0 |

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:

Within the C.O.B.

Expense Code: Budget: Remarks:

| JONALYN T. ILISAN Fiscal Controller III | Very truly yours, |
|---|-------------------|
| | MARJO |
| ± 10655 | |
| Mm 3 14 13 | |

APPROVED:

Regional Vice President PRO VI

BRIETO

MSD Chief

915-03 Received copy of P.O. on:

Funds available in the amount o

Fiscal Conroller IV

CONFORME:

(Printed Name & Signature of Supplier/Representative)