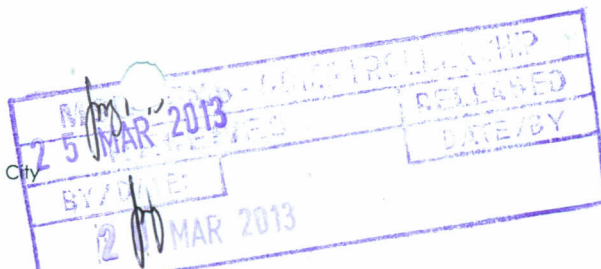




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloilo City
Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph



PURCHASE ORDER

Supplier: **TOPMOST DEVELOPMENT & MKTG. CORP.**
Address: **San Rafael, Mandurriao**
Iloilo City
Tel./Fax: **508-4868**

P.O. No: **61303-049**
Date: **March 12, 2013**
Terms of Payment: **30 calendar days**
Mode of Procurement: **Negotiated Procurement**
RIV No.: **148-02-13**

Supplier Registered with:

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

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	LOT	Pull-out & Delivery (Safekeeping) to Warehouse 2 from Majestic Building of Defective Airconditioning Units	25,500.00	25,500.00
	2	units	5-tonner Floor Mounted		
	3	units	3-tonner Floor Mounted		
	2	units	2-Tonner Ceiling Mounted		
			Pull-out & Delivery of Functioning Aircon Units from Majestic Bldg. to Galsano Mall Office.		
	3	units	5-tonner Floor Mounted		
	4	units	3-tonner Floor Mounted		
	2	units	1.5 HP Wall Mounted		
	1	units	3-tonner Ceiling Mounted		
			For PRO-6 Use		
			TOTAL		25,500.00

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. ILISAN
Fiscal Controller III

MARJORIE A. CABRIETO
MSD Chief

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

Funds available in the amount of: 2 255 00.-

JEIJEN ROSE CHU GAVINO
Fiscal Controller IV

APPROVED:

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

892-00
Received copy of P.O. on: _____

CONFORME:

ARNOLD A. GASINILLO
TOPMOST DEVELOPMENT & MKTG. CORP.

(Printed Name & Signature of Supplier/Representative)