

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: FELINE'S GIFT SHOP, INC.

Address: 48 Delgado st.,

Iloilo City

Tel./Fax: 337-0352 Supplier Registered with: P.O. No:

61303-050

Date:

March 13, 2013

Terms of Payment:

Mode of Procurement;

30 calendar days Negotiated Procurement

RIV No.:

179-02-13

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	620	pcs	REUSABLE BAG	48.50	30,070.00
			Color: Black with logo		
			Size: medium/H-12inches x W-10inches x Thickness-4inches		
			Handle - 6inches		
			See attached Logo design		
			+ sample cloth do		
			For use as token for hospital		
			visitation & Sitio Colong2		
			Medical Mission		
				TOTAL	30,070.0

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:

Very truly yours,

Fiscal Controller III

Within the C.O.B.

Expense Code: Budget:

Remarks:

Funds available in the amount of:

JEIJEN ROSE CHUIGAY

Fiscal Conroller IV

30070

APPROVED:

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

PRO VI

Received copy of P.O. on:

CONFORME:

SHOP, INC.

(Printed Name & Sig hature of Supplier/Representative)