



## PURCHASE ORDER

Supplier: **GLENDAS FOOD SHOP**  
Address: **Maranon st., Poblacion 2**  
**Sagay City**  
Tel./Fax: **9395369411**

Supplier Registered with:

Please deliver to this office on March 13, 2013 upon receipt hereof :

P.O. No: 61303-051  
Date: March 13, 2013  
Terms of Payment: 30 calendar days  
Mode of Procurement: Negotiated Procurement  
RIV No.: 190-02-13

### 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 7200.-

JEIJEN ROSE CHU-GAVINO  
Fiscal Controller IV

APPROVED:

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

Received copy of P.O. on: 03/27/13

CONFORME:

GLENDAS FOOD SHOP

(Printed Name & Signature of Supplier/Representative)