| | | | \sim | STA FRAC | CUMPTROLLERSHP |
|------------|-------------------------------------|------------------------|--|---|-------------------------|
| C | - | PHILIPPI Philhealth | of the Philippines NE HEALTH INSURANCE CORPORATION Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloik 78724 / 5087300 region6@philhealth.gov.ph | RECEIVE | D I QELLA VED |
| | | | PURCHASE ORDER | A REAL PROPERTY CONTRACTOR OF A REAL PROPERTY OF A | |
| Supplier: | DOUBLE | JMBE FC | ODHOUSE & CATERING | P.O. No: | <u>61303-052</u> |
| Address: | Salgado Bidg., Guanzon St., Brgy. 3 | | | Date: March 14, 2013 | |
| | Kabank | alan City | 1 | Terms of Payment: | <u>30 calendar days</u> |
| Tel./Fax: | 9275619 | 709 | | Mode of Procurement: | Negotiated Procurement |
| Supplier R | egistered | with: | | RIV No.: | 206-03-13 |
| Please de | liver to thi | is office or | n March 14, 2013 upon receipt hereof : | | 1304-0253 |
| NO | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
| | 50 | pax | AM SNACKS | 150.00 | 7,500.00 |
| | | | | | |

| 1 | order | Pasta - meatballs spaghetti | | |
|------|-------|---|-------|----------|
| 1 | order | Dessert - Chocolate Cake | | |
| 1 | order | Bread - Garlic Bread | | |
| 1 | order | Drinks - Coke/Sprite sakto | | |
| | | For iGroup Orientation of LHIO Kabankalan | | |
| | | on March 14, 2013 | | |
| | | | TOTAL | 7,500.00 |

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:

JONALYN T. ILISAN Fiscal Controller III

Very truly yours,

BRIETO MAR. MSD Chief

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

Funds available in the amount of: _

JEIJEN ROSE Fiscal Conroller IV

7500. -

APPROVED:

Jowell 4/19

DR. BERNADETTE L. REYNES IC-PROVI

Received copy of P.O. on:

4/10/2013

CONFORME:

DOUBLE JMBE FOODHOUSE & CATERING (Printed Name & Signature of Supplier/Representative)

PHILHEALTH PRC-S ADMIN. - GSU

PATE: 411212 5:05 pm