| | | - | | | |
|--|---------------|---------------|---|--|---|
| Republic of the Philippes PHILIPPINE HEALTH INSURANCE CORPORATION Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon S | | | | | 100 100 100 100 100 100 100 100 100 100 |
| | | | | o City | |
| | 5 | Tel Nos. 3378 | 724 / 5087300 region6@philhealth.gov.ph | 0 7 MAR 2018 | 8 APR 2013 |
| | | | PURCHASE ORDER | Construction of the second sec | in the second |
| Supplier: RH GLASS AND ALUMINUM SERVICES | | | | P.O. No: | 61303-061 |
| Address: 115 Lopez Jaena St., Brgy. San Isidro | | | | Date: 0 2 APR 2013 | March 25, 2013 |
| | Jaro, Ilc | oilo City | | Terms of Payment: 10810 | MO <u>30 calendar days</u> |
| Tel./Fax: | 320-255 | 53/396-418 | 4 | Mode of Procurement: | Negotiated Procurement |
| Supplier Re | egistered | with: | | RIV No.: | 189-02-13 |
| Please del | liver to this | office withi | n five (5) days upon receipt hereof : | | 1304-0657 |
| NO | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
| | 1 | LOT | PULL-OUT AND RE-INSTALLATION OF GLASS | 13,500.00 | 13,500.00 |
| | | | PARTTIONS | | |
| i Sen Se | | | Location: Majestic Bldg. to Gaisano City Mall | | |
| | | | See attached project proposal | | |
| | | | For PRO VI use | | |
| | | | | TOTAL | 13,500.00 |

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 suppl

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. WISAN Fiscal Controller III

13500.

Fiscal Conroller IV

JEIJEN ROSE CHU

09-11-13

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

Funds available in the amount of:

CAPEX

737 -0 0 Received copy of P.O. on:

CONFORME:

RH GLASS AND ALUMINUM SERVICES

(Printed Name & Signature of Supplier/Representative)

APPROVED:

Very truly yours,

File Lopy

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

MSD Chie

MARJO

BRIETO