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		PHILIPPIN Philhealth	of the Philippines NE HEALTH INSURANCE CORPORATION Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloila 8724 / 5087300 region6@philhealth.gov.ph PURCHASE ORDER	City 2 APR 2013	DATE/BY
Supplier:	plier: PANORAMA PRINTING INC.			P.O. No:	61303-066
Address:	ss: Cor. Simon Ledesma - Lopez Jaena sts.			Date:	April 4, 2013
	Jaro, Ila			Terms of Payment:	30 calendar days
Tel./Fax:	329-3447			Mode of Procurement:	Negotiated Procurement
Supplier Registered with:				RIV No.:	231-03-13
Please del	iver to this	office 10	days upon approval of final lay-out and upon receipt here	of:	1304-0758
NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100,000	pcs	PHILHEALTH CARDS	0.33	33,000.00
			See attached Sample		
			For PRO VI Membership use		
				TOTAL	33,000.00
Terms an	d Condi	tions:	•		

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:

ALYN T. ILISAN Fiscal Controller III

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

Funds available in the amount of:

JEIJEN ROSE CHUIGAV

33000.-

Very truly yours,

CABRIETO MSD Chief

APPROVED:

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

BC3-00 Received copy of P.O. on: <u>April 15, 2013</u>

CONFORME:

toras PANOR PRINTING INC.

(Printed Name & Signature of Supplier/Representative)