

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
 Philhealth Bldg., Lazatin Blvd., San Agustin,
 City of San Fernando, Pampanga
 Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299

PURCHASE ORDER

Supplier: STAR APPLIANCE CENTER, INC. P.O. No.: 12-098
 Address: SM City Pampanga, City of San Fernando, Pampanga Date: October 11, 2012
 Tel./ Fax No.: (045) 961 6594 Term of Payment: COD
 Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value

Please deliver to this Office within 15 Working Days from receipts hereof the following:

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	Microwave Oven -----NOTHING FOLLOWS----- (For PRO III use)	2,995.00	2,995.00
			R/V#: 12-276-R3	TOTAL AMT.	PHP 2,995.00

Conditions:

1. The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the 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 receipts of this Purchase Order (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, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
5. Delivery shall be made only on MONDAYS to THURSDAYS not later than 3 P.M. except for emergency cases wherein prior notification in such cases shall be given by this office.

Very truly yours,

Grace M. Mamawal
GRACE M. MAMAWAL
 Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: PHP 2,995.00	APPROVED
<i>Leonidas A. Lumba</i> LEONIDAS A. LUMBA Administrative Officer IV	<i>Angelita S. Reyes</i> ANGELITA S. REYES Fiscal Controller IV	<i>Arsenia B. Torres</i> ARSENIA B. TORRES OIC, Vice-President for PRO III
Within the COB: _____ Expense Code: <u>127</u> Budget: _____ Remarks: _____		
CONFORME: <i>10/8</i> <i>LEONIDA</i>		<u>11/8/12</u>
SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		DATE RECEIVED COPY OF P.O.

PHILIPPINE HEALTH INSURANCE CORP-PRO III
 FINANCE DIV-ACCOUNTING UNIT

OCT 19 2012

Received by: *M. Z. 40*

12 11 123