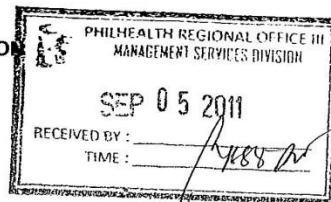


Republic of the Philippines  
**PHILHEALTH INSURANCE CORPORATION**  
**REGIONAL HEALTH INSURANCE OFFICE - III**  
Philhealth Bldg., Lazatin Blvd., San Agustin,  
City of San Fernando, Pampanga  
Tel. No. (045) 961-4175 loc. 300



## PURCHASE ORDER

Supplier: **NICO R/A SERVICES**  
Address: City of San Fernando, Pampanga  
Tel. No.:

P.O. No.: **11-111**  
Date: September 1, 2011  
Term of Payment: 15 days  
Mode of Procurement: Local Shopping

Supplier Registered with: \_\_\_\_\_  
Please deliver to this Office within **15 days** from receipts hereof the following:

NO.	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	Capacitor 7.5 UF (3TR Aircon) <i>CSU</i>	1,800.00	1,800.00
	1	pc	Capacitor 40/ 6 UF (2.5HP Aircon) <i>CFUP</i>	1,150.00	1,150.00
			***NOTHING FOLLOWS****	TOTAL AMT.	2,950.00
RIV # 11-321-R3					<b>2,950.00</b>

### Conditions:

- 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.
- Render your bills in triplicate copies including the original.
- If the date of receipts 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
- Delivery shall be made only on MONDAYS to THURSDAYS not later than 3 PM except for emergency cases wherein prior notification in such cases shall be given by this office.

Very truly yours,

*AS*  
**ANGELITA S. REYES**

OIC - Management Services Division

Certified Budget Available:	Funds Available in the amount of: P	2,950.00
<p><b>LEONIDAS A. LUMBA</b> Fiscal Controller III</p>		
<p>Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____</p>		
<p>APPROVED</p> <p><b>RODOLFO M. BALOG</b> Vice-President for PhRO III</p>		
<p>CONFIRM:</p> <p><i>NS</i> <b>NICOLAS P. DABU</b> Signature over Printed Name of Supplier Representative</p>		
<p>Received copy of P.O. on _____</p>		

PHILHEALTH INSURANCE CORP-PRO  
FINANCE DIV-ACCOUNTING UNIT

SEP 05 2011