

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

PURCHASE ORDER

Supplier: **O.B.P. GLASS ALUM. ENTERPRISE**
Address: Brgy. Del Carmen, City of San Fernando, Pampanga
Tel. No.: 0919 805 7857

P.O. No.: **11-112**
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
	4	set	WF Lockset (Glass Door) ***NOTHING FOLLOWS***	750.00	3,000.00
RIV # 11-457-R3; 11-504-R3; & 11-505-R3					3,000.00

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,

ANGELITA S. REYES
OIC - Management Services Division

Certified Budget Available:		Funds Available in the amount of: P	3,000.00
<p>LEONIDAS A. LUMBA Fiscal Controller III</p>		<p>APPROVED</p> <p>RODOLFO M. BALOG Vice-President for PhRO III</p>	
<p>Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____</p>			
<p>Received copy of P.O. on _____</p>		<p>CONFORME:</p> <p>OLIVER D. RAMILLAN Signature over Printed Name of Supplier / Representative</p>	

HEALTH INSURANCE CORP-PRO III
FINANCIAL DIV-ACCOUNTING UNIT