

Republic of the Philippines
HEALTH INSURANCE CORPORATION
NATIONAL 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) 961-8943

PURCHASE ORDER

Supplier **CANON MARKETING PHILS., INC.**
Address Marvin Plaza Bldg., 2153 Don Chino Roces Ave., Makati City
Tel. No.:

P.O. No.: **11-144**
Date: December 29, 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
	3	units	Camera - IXUS 230 HS ***NOTHING FOLLOWS***	15,640.00	46,920.00
			RIV # 10-462-R3		46,920.00

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,

GRACE M. MAMAWAL

Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: P 46,920.00	APPROVED
<p>LEONIDAS A. LUMBA Fiscal Controller III</p> <p>Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____</p>	<p>ANGELITA S. REYES Fiscal Controller IV</p>	<p>RODOLFO M. BALOG Vice-President for PhRO III</p>
<p>Received copy of P.O. on _____</p> <p>CONFORME: JEAN ROSE P. M. Signature over Printed Name of Supplier / Representative</p>		