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## Republic of the Philippines E HEALTH INSURANCE CORPORATION

NAL 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: BLUESTAR INTERIORS, INC

Address: Pasig City

Tel. No.: 634-6271-74, fax 634-6279

P.O. No.: 11-146

Date: December 29, 2011

Term of Payment: 15 days

Mode of Procurement: Local Shopping

Supplier Registered with: Please deliver to this Office within <u>15 days</u> from receipts hereof the following:

NO	OTV	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.			Roller Blinds ***NOTHING FOLLOWS****	130.00 TOTAL AMT.	149,500.00 149,500.00
		-	RIV #11-568-R3		149,500.00

## 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.

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.

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 PM except for emergency cases wherein prior notification in such cases shall be given by this office.

Very truly yours, GRACE M. MAMAWAL Division Chief IV Management Services Division

Certified Budget Available:	Funds Available in the amount of: P 149,50	00.00 APPROVED
	AS A. KUMBA  Controller III  ANGELITA S. RETES  Fiscal Controller iV	RODOLFO M. BALOG Vice-President for PhRO III
Within the COB: 201 Expense Code Budget: Remarks:		
The second secon	n December 29, 2011	CONFORME: Mary App Bernarde
Received copy of P.O. o.		Signature over Printed Name of Supplier / Representative