[redacted]
NE HEALTH INSURANCE CORPORATION
IONAL HEALTH INSURANCE OFFICE - III
...ilhealth Bldg., Lazatin Blvd., San Agustin,
City of San Fernando, Pampanga
Tel. No. (045) 961-4175 loc. 4332 / Fax No. (045) 961-8943

PURCHASE ORDER

IARH 12-02-008

Supplier: DONKING PARTY NEEDS & CATERING
Address: 2ND FLOOR BLDG. BALIBAGO, A.C.
Tel. No. (045)982-3871/323-5390

P.O. No.: 11-149
Date: December 29 , 2011
Term of Payment: 15 days
Mode of Procurement: Local Shopping

Supplier Registered with: _____
Please deliver to this Office within _____ from receipts hereof the following:

NO.	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	SET	PARTY TENT 10X16	15,500.00	15,500.00
			NOTHING FOLLOWS		
			RIV # 10-466-R3		**15,500.00**

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.
2. Render your bills in triplicate copies including the original.
3. 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
Chief, Management Services Division

Certified Budget Available:	*Funds Available in the amount of: P 15,500.00*	APPROVED
LEONIDAS P. LUMBA *Fiscal Controller III* Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____	**ANGELITA S. REYES** *Fiscal Controller IV*	**RODOLFO M. BALOG** *Vice-President for PhRO III*

Received copy of P.O. on _____

CONFORME:

MA. TERESA L. MAMAC
Signature over Printed Name of Supplier / Representative