

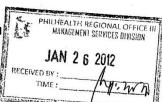
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## Republic of the Philippines **E HEALTH INSURANCE CORPORATION** ONAL HEALTH INSURANCE OFFICE - III

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	LGY	TRA	DIN	G
Address	City of S	on For	nanda	Dampa

Tel. No.:

P.O. No.: <u>11-150</u>

Date: December 29, 2011

Term of Payment: COD / 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 unit		unit	Video Camcorder - Sony HDR CX130 ***NOTHING FOLLOWS***	35,639.00	35,639.00
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		· • 1	St. a. K. et al.		
•	1				XV.
u	7		RIV # 10-462-R3		35,639.00

- 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.
- 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
- 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.

  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,

Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: P 35,639.00	APPROVED	
LEONIDAS A. LUMBA Fiscal Controller III Within the COB: Expense Code Budget: Remarks:	ANGELITA S. REYES Fiscal Controller IV	RODOLFØ N. BALOG Vice-Presidentifor PhRO III	
10,	*,	CONFORME:  Mduy	
Received copy of P.O. on	Jan. 27, 2012	MANI VIV 15 15 Signature over Printed Name of Supplier / Representative	