

Republic of the Philippines  
**PHILHEALTH INSURANCE CORPORATION**  
REGIONAL 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 **PANTRONICS INTERNATIONAL CORP.**  
Address 51-53 Gen. Rosendo Simon St., Kalookan City, Metro Manila  
Tel. No.:

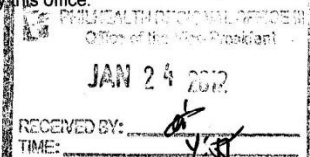
P.O. No.: **11-156**  
Date: December 29, 2011  
Term of Payment: 15 days  
Mode of Procurement: Local Shopping

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
	15	unit	Facsimile Machine ***NOTHING FOLLOWS***	12,950.00	194,250.00
			RIV # 11-590-R3 & 11-698-R3		<b>194,250.00</b>

### 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

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: P 194,250.00</b>	<b>APPROVED</b>
<p><b>LEONIDAS A. LUMBA</b> Fiscal Controller III</p> <p>Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____</p>	<p><b>ANGELITA S. REYES</b> Fiscal Controller IV</p>	<p><b>RODOLFO M. BALOG</b> Vice-President for PhRO III</p>
<p>Received copy of P.O. on _____</p>		<p><b>CONFORME:</b> <b>IRVIN TDA</b> Signature over Printed Name of Supplier / Representative</p>