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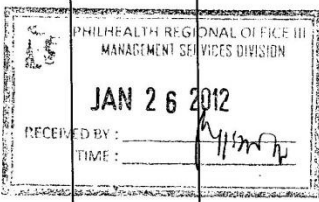
Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
**REGIONAL HEALTH INSURANCE OFFICE - III**  
Philhealth Bldg., Lazatin Blvd., San Agustin,  
City of San Fernando, Pampanga  
Tel. No. (045) 961-4175 loc. 4332 / Fax No. (045) 961-8943

## PURCHASE ORDER

Supplier: **NATIONAL BOOKSTORE**  
Address: Angeles City  
Tel. No.:

P.O. No.: **11-157**  
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
	3	unit	Projector Screen, Pull Down	7,715.00	23,145.00
	2	unit	Projector Screen, Portable	7,715.00	15,430.00
			***NOTHING FOLLOWS***		
			TOTAL AMT.		38,575.00
					
			RIV # 11-602-R3		38,575.00

### 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

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: P 38,575.00</b>	<b>APPROVED</b>
 <b>LEONIDAS A. LUMBA</b> Fiscal Controller III Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____	 <b>ANGELITA S. REYES</b> Fiscal Controller IV	 <b>RODOLFO M. BALOG</b> Vice-President for PhRO III
Received copy of P.O. on _____		<b>CONFORME:</b>  <b>JACQUELYN C. LUMBAO</b> Signature over Printed Name of Supplier / Representative