

122 # 12-01-005
FROM : GENERAL SERVICES UNIT

FAX NO. : 320

1 Feb. 2012 3:37PM P1

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE - III
Philhealth Bldg., Lazatin Blvd., San Agustín,
City of San Fernando, Pampanga
Tel. No. (045) 981-4175 loc. 4332 / Fax No. (045) 961-8943

PURCHASE ORDER

Supplies **ABENSON - SONY CENTER**
Address: Walkmart, City of San Fernando, Pampanga
Tel. No.:

P.O. No.: **11-159**
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 receipt hereof the following:

NO.	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	3	unit	DVD Component	16,200.00	48,600.00
	4	unit	Microphone Corded	1,299.00	5,196.00
	1	unit	Microphone Wireless	1,999.00	1,999.00
			NOTHING FOLLOWS	TOTAL AMT.	55,795.00
			RIV # 11-607-R3		55,795.00

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 receipt 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. MANAWAL
Chief, Management Services Division

Certified Budget Available	Funds Available in the amount of P. 55,795.00	APPROVED
LEONIDAS A. LUMBA Fiscal Controller III	ANGELITA S. REYES Fiscal Controller IV	RODOLFO M. BALOG Vice-President for PHRO III
Within the COB: Expense Code: _____ Budget: _____ Remarks: _____		
Received copy of P.O. on _____		
CONFORME: JOSE M. PANGLO Signature over Printed Name of Supplier / Representative		