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PHILHEALTH REGIONAL OFFICE III
ONAL HEALTH INSURANCE OFFICE - III
health 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 **ABENSON VENTURES INC.**

Address Waltermart, City of San Fernando, Pampanga

Tel. No.:

P.O. No.: **11-162**

Date: December 29, 2011

Term of Payment: **COD**

Mode of Procurement: Local Shopping

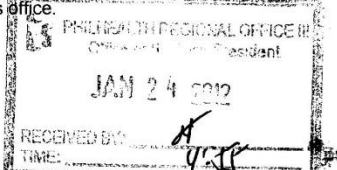
Supplier Registered with:

Please deliver to this Office within **15 days** from receipts hereof the following:

NO.	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	6	pc	IC Recorder, 4GB ***NOTHING FOLLOWS***	7,300.00	43,800.00
			RIV # 11-603-R3		43,800.00

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

Certified Budget Available:	Funds Available in the amount of: P 43,800.00	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: _____		
CONFORME:		
Received copy of P.O. on <u>JAN 27, 2012</u>		
AIMEE M. FRANCIS Signature over Printed Name of Supplier / Representative		

PHILHEALTH REGIONAL OFFICE III
FINANCE DIV-ACCOUNTING UNIT

JAN 18 2012