

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
NATIONAL 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

1AR# 12-02-014

PURCHASE ORDER

Supplier: **ORCHIDS BOOKSTORE**
Address: Sto. Rosario St., Angeles City
Tel. No.:

P.O. No.: **11-163**
Date: December 29, 2011
Term of Payment: 15 days
Mode of Procurement: Local Shopping

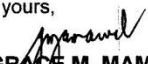
Supplier Registered with: _____
Please deliver to this Office within **15 days** from receipts hereof the following:




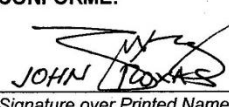
NO.	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	Bank Note/ Bill Counter		6,800.00
	11	pc	Whiteboard, Plain 6 x 4 with Stand and Roller, Magnetic	5,022.00	55,242.00
	1	pc	Check Writer		6,120.00
	1	unit	Binding Machine		7,050.00
			NOTHING FOLLOWS		
				TOTAL AMT.	75,212.00
			RIV # 11-608-R3, 11-609-R3 & 11-610-R3		75,212.00

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 75,212.00	APPROVED
<p> LEONIDAS A. LUMBA Fiscal Controller III</p> <p>Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____</p>	<p> ANGELITA S. REYES Fiscal Controller IV</p>	<p> RODOLFO M. BALOG Vice-President for PhRO III</p>
<p>Received copy of P.O. on _____</p> <p>CONFORME:</p> <p> JOHN P. TORRES Signature over Printed Name of Supplier / Representative</p>		

PHILIPPINE HEALTH INSURANCE CORP-PRO III
FINANCE DIV-ACCOUNTING UNIT

JAN 24 2012