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E HEALTH INSURANCE CORPORATION
NAL 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 ORCHIDS BOOKSTORE

Address City of San Fernando, Pampanga

Tel. No.:

P.O. No.: 11-165

Date: December 29, 2011 Term of Payment: 15 days

Mode of Procurement: Local Shopping

Supplier Registered with: ______ from receipts hereof the following:

NO.	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	4	unit	Laminating Machine	3,900.00	15,600.00
			NOTHING FOLLOWS	1 . 1	
			8		
V					
1	1				
	f		3		
	. 1		RIV # 11-613-R3		15,600.00

Conditions:

- 1. 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.
- 2. Render your bills in triplicate copies including the original.
- 3. 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.
- 4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier
- and tax receipts, should be submitted by the supplier.

 5. 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.

GRACE M. MAMAWAL

Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: P 15,600.00	APPROVED	
LEONIDAS A. LUMBA Fiscal Controller III Within the COB: Expense Code Budget: Remarks:	Augelita S. Reyes Fiscal Controller IV	RODOLFO M. BALOG Vice-President for PhRO III	
		CONFORME:	
Received copy of P.O. on <u> ゴか</u>	27. 2012)	BURNUA SUNDIAM Signature over Printed Name of Supplier / Representative	