

Republic of the Philippines
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

02/01/12 1AR# 12-01-012

PURCHASE ORDER

Supplier **CANON MARKETING PHILS., INC.**
Address Marvin Plaza Bldg., 2153 Don Chino Roces Ave., Makati City
Tel. No.:

P.O. No.: **11-166**
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
	10	unit	Camera Digital - IXUS 230 HS 8x Optical zoom with 28mm wide angle Full HD movie (1080p) with stereo Sound 12.1 megapixels with HS system Intelligent IS (Image Stabilizer) 3.0 inches TFT LCD with wide viewing angle free camera case, 4GB SD card, 3yrs warranty	15,640.00	156,400.00
	1	unit	Camera Digital SLR - EOS 600D BG-E8 battery grip Speedlite 430 EX Rechargeable Battery Lens cap (E-67) Lens hood (EW-73B) ***NOTHING FOLLOWS***	83,400.00	83,400.00
			RIV # 11-611-R3	TOTAL AMT.	239,800.00

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 239,800.00	APPROVED
 LEONIDAS A. LUMBA Fiscal Controller III Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____	 ANGELITA S. REYES Fiscal Controller IV	 RODOLFO M. BALOG Vice-President for PhRO III
CONFORME:  JEAN ROSE T. PILI Signature over Printed Name Supplier / Representative		
Received copy of P.O. on _____		

PHILIPPINE HEALTH INSURANCE CORPORATION
FINANCE DIV-ACCOUNTING UNIT