

Republic of the Philippines  
**HEALTH INSURANCE CORPORATION**  
**AL 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 **NIKKICESCA FOODHOUSE**  
Address Philhealth Bldg., Lazatin Blvd., San Agustin, City of San Fernando, Pampanga  
Tel. No.:

P.O. No.: **12-001**  
Date: January 6, 2012  
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     |
|-----|------|------|---|------------|------------------|
|     | 40   | pax  | Meals (AM Snack, Lunch & PM Snack)<br>***NOTHING FOLLOWS*** | 450.00     | 18,000.00        |
|     |      |      | RIV # 12-001-R3   |            | <b>18,000.00</b> |

### 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

|  |   |  |
|--|---|--|
| <b>Certified Budget Available:</b>   | <b>Funds Available in the amount of: P 18,000.00</b>    | <b>APPROVED</b>  |
| <p><b>LEONIDAS A. LUMBA</b><br/>Fiscal Controller III</p> <p>Within the COB: _____<br/>Expense Code _____<br/>Budget: _____<br/>Remarks: _____</p> | <p><b>ANGELITAS. REYES</b><br/>Fiscal Controller IV</p> | <p><b>RODOLFO M. BALOG</b><br/>Vice-President for PhRO III</p>   |
| <p>Received copy of P.O. on _____</p>  |   | <p><b>CONFORME:</b></p> <p><i>[Signature]</i><br/>Signature over Printed Name<br/>of Supplier / Representative</p> |

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

JAN 18 2012

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