

Your complimentary use period has ended. Thank you for using PDF Complete.

Click Here to upgrade to Unlimited Pages and Expanded Features

Republic of the Chilippines HEALTH INSURANCE CORPORATION NAL HEALTH INSURANCE OFFICE - III PRIITIEBITH BIDG., Lazatin BIVd., San Agustin,

Priinealth Bldg., Lazatin Blvd., San Agustin, City of San Fernando, Pampanga Tel. No. (045) 961-4175 loc. 4332 / Fax No. (045) 961-8943

PURCHASE ORDER

Address Tel. No.:	Registered wit	ubd., del Pilar, Ci	P.O. No.: 12-002 Date: February 3, 2012 Term of Payment: 15 days Mode of Procurement: Local Shopping			
	Please deliver	to this Office	within <u>15 days</u> from receipts hereof the	following:	!!!	
NO.	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
	100	pax	Meals ***NOTHING FOLLOWS***	200.00	20,000.00	
`			RIV # 12-043-R3		20,000.00	
4. For i and 5. Deliv	tax receints sho	uld be submitte de only on MON	DOCUMENTS specifically showing the condition of by the supplier. IDAYS to THURSDAYS not later than 3 PM exconffice.	vept for emergency cases Very truly yours, GRACE		
Certifie	Certified Budget Available:		Funds Available in the amount of: P 20,000	.00 AF	PPROVED	
Within t Expens Budget	LEONIDAS A. LUMBA Fiscal Controller III Within the COB: 2012 Expense Code		ANGELITA S. REYES Fiscal Controller IV	,	RODOLFO M. BALOG Vice-President for PhRO III	
R	teceived copy of	P.O. on		CONFORME: Sure Tre Signature over Prii of Supplier / Repre		

PHILIPPINE HEALTH INSURANCE CORP.PRO III
FIJANCE DIVACCOUNTING HED