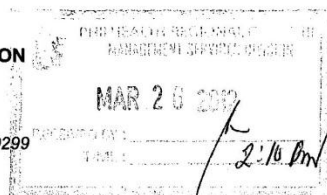


Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**  
REGIONAL 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) 963-0299



## PURCHASE ORDER

Supplier: **KAMOTE.COM**

Address: Blk. 6, Lot 31, Capitol View Park Subd., Bulihan, Malolos, Bulacan

Tel. No.:

P.O. No.: **12-018**

Date: March 22, 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. 1	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	pc	Tarpaulin 4 x 10 ft.	540.00	1,080.00
	2	pc	Tarpaulin 8 x 3 ft.	324.00	648.00
			***NOTHING FOLLOWS***	TOTAL AMT.	1,728.00
			RIV # 12-8-R3B-Mal		1,728.00

### Conditions:

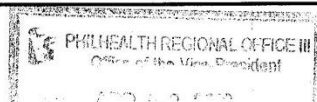
1. The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value of undelivered order for each day of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of receipts of this P.O. by the dealer is not indicated, 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.
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.

Very truly yours,

**GRACE M. MAMAWAL**

Chief, Management Services Division

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: P 1,728.00</b>	<b>APPROVED</b>
<p><b>LEONIDAS A. LUMBA</b> Administrative Officer IV</p> <p>Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____</p>	<p><b>ANGELITA S. REYES</b> Fiscal Controller IV</p>	<p><b>RODOLFO M. BALOG</b> Vice-President for PhRO III</p>
<p><b>CONFORME:</b></p> <p>Received copy of P.O. on _____</p> <p>Signature over Printed Name of Supplier / Representative</p>		



PHILIPPINE HEALTH INSURANCE CORPORATION  
REGIONAL HEALTH INSURANCE OFFICE - III  
BULACAN DIVISIONAL UNIT