

Republic of the Philippines
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: TARP. KO TO ADVERTISING & PRINTING SERVICES
Address: Blk. 6, Lot 31, Capitol View Park Subd., Bulhan, Makolos, Bulacan
Tel. No.: 044 791-4612

P.O. No.: 12-020
Date: April 10, 2012
Term of Payment: 15 days
Mode of Procurement: Local Shopping

Supplier Registered with: _____
Please deliver to this Office within 15 working days from receipts hereof the following:

| NO. | QTY. | UNIT | ITEM / DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|------|--|------------|--------------|
| | 3 | pc | Tarpaulin 8 x 3 ft. | 324.00 | 972.00 |
| | 5 | pc | Tarpaulin 10 x 4 ft. | 540.00 | 2,700.00 |
| | 1 | pc | Tarpaulin 5 x 2.5 ft. | 169.00 | 169.00 |
| | 2 | pc | Cropped Tarpaulin, Date | 122.00 | 244.00 |
| | 3 | pc | Cropped Tarpaulin, Date and Venue | 95.00 | 285.00 |
| | | | ***NOTHING FOLLOWS*** | | |
| | | | TOTAL AMT. | | 4,370.00 |
| | | | RIV # 12-18-SMB, 12-19-SMB & 12-22-SMB | | 4,370.00 |

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 Purchase Order (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

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|--|--|--|
| Certified Budget Available: | Funds Available in the amount of: P. 4,370.00 | APPROVED |
| <u>LEONIDAS A. LUMBA</u> Administrative Officer IV 4/23 Within the COB: 2012 Expense Code Budget Remarks: | <u>ANGELITA S. REYES</u> Fiscal Controller IV | <u>RODOLFO M. BALOG</u> Vice-President for PhRO III |
| Received copy of P.O. on _____ | | CONFORME: <u>[Signature]</u> Signature over Printed Name of Supplier/ Representative. |

RECEIVED BY: _____
DATE: APR 25 2012

APR 18 2012
RECEIVED BY: _____
DATE: _____