

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: **NORDSMAIRE GEN. MDSE.**
Address: 635 Rizal Avenue, WT, Olongapo City
Tel. No.: 047 222-3339

P.O. No.: 12-024
Date: April 20, 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
	5	tin	Semi-gloss Latex	2,204.00	11,020.00
	5	tin	Flat Latex	1,872.00	9,360.00
	25	kilo	Patching Compound	25.00	625.00
	3	ltr	Hansa Yellow, Acry	145.00	435.00
	2	ltr	Thalo Blue, Acry	111.00	222.00
	1	ltr	Lamp Black	95.00	95.00
	6	yard	Sand Paper #100	95.00	570.00
	1	gal	Paint Thinner	225.00	225.00
	4	pc	Roller 7"	55.00	220.00
	4	pc	Brush 2"	35.00	140.00
	1	pc	1 x 1 x 10 Wood VAT	65.00	65.00
			NOTHING FOLLOWS		1,230.91
			RIV # 12-07-OC	TOTAL AMT.	24,207.91

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

Certified Budget Available:	Funds Available in the amount of: P 24,207.91	APPROVED
<p>LEONIDAS A. LUMBA Administrative Officer IV</p> <p>Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____</p>	<p>ANGELITA S. REYES Fiscal Controller IV</p>	<p>RODOLFO M. BALOG Vice-President for PhRO III</p>
<p>CONFORME:</p> <p>Received copy of P.O. on _____</p> <p>MARY JANE G. SENTERO Signature over Printed Name of Supplier / Representative</p>		