

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

P U R C H A S E O R D E R

Supplier: **ELLAMAR CATERING SERVICES**
Address: Kamagong St., Villa Barosa, Phase II, Dolores, CSFP
Tel./ Fax No.: 0917 576 1093 / 0918 965 3318
Supplier Registered with: **PHILHEALTH**

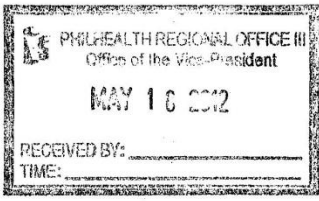
P.O. No.: **12-028**

Date: **May 8, 2012**

Term of Payment: **15 Days**

Mode of Procurement: **Local Shopping**

Please deliver to this Office within **15 Working Days** from receipts hereof of the following:

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	pax	MEALS (AM Snack, Lunch and PM Snack) May 8-9, 2012 NOTHING FOLLOWS	300.00	<u>30,000.00</u>
					
			RIV # 12-155-R3	TOTAL AMT.	PHP 30,000.00

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 P.M. 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: PHP 30,000.00	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 PRO III</p>
<p>Received copy of P.O. on _____</p> <p>PHILIPPINE HEALTH INSURANCE CORP-PRO OFFICE OF THE VICE-PRESIDENT FOR PRO III</p> <p>CONFORME:</p> <p>SIGNATURE over PRINTED NAME of Supplier / Representative</p>		