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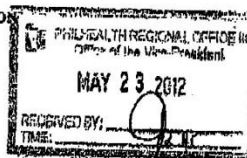
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12-05-028

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
PhilHealth Bldg., Lualaba Bld., San Agustin,
City of San Fernando, Pampanga
Tel. No. (045) 963 4175 loc. 4332 / Fax No. (045) 963 0299



PURCHASE ORDER

Supplier: **POWERSCAN COMPUTER SYSTEM**
Address: RLC Commercial Bldg., 3F B. Mendoza St., Corner Tironia St.,
Sto. Rosario, City of San Fernando, Pampanga
Tel./ Fax No.: (045) 860 0217 / (045) 963 1841
Supplier Registered with: **PHILHEALTH**

P.O. No.: **12-035**

Date: May 18, 2012
Term of Payment: **15 Days**
Mode of Procurement: **Local Shopping**

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

| NO. | QTY. | UNIT | ITEM / DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|------|---|------------|--------------|
| | 1 | pc | 14 x 6 ft. (4.3 x 2.5m) Horizontal Tarpaulin | | 1,008.00 |
| | 1 | pc | 13 x 5 ft. (4 x 1.5m) Horizontal Tarpaulin | | 780.00 |
| | 1 | pc | 4 x 8 ft Horizontal Tarpaulin | | 384.00 |
| | 5 | pc | 3 x 6 ft Vertical Tarpaulin | | 1,080.00 |
| | 1 | pc | 3 x 6 ft Horizontal Tarpaulin | | 216.00 |
| | | | —NOTHING FOLLOWS— | TOTAL AMT. | 3,468.00 |
| | | | 210/ # 12-122-93 & 12-179-93 | TOTAL AMT. | PHP 3,468.00 |

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: LEONIDAS A. LUMBA Administrative Officer IV Within the COB: Expense Code _____ Budget _____ Remarks _____ | Funds Available in the amount of: PHP 3,468.00 ANGELITA S. REYES Fiscal Controller IV | APPROVED RODOLFO M. BALOG Vice-President for PRO III |
| CONFORME: Received copy of P.O. on _____ WILY A. ESTRADA SIGNATURE over PRINTED NAME of Supplier's Representative | | |

PHILIPPINE HEALTH INSURANCE CORPORATION
FINANCIAL ACCOUNTS UNIT

MAY 2 2012

Received by: [Signature]
Time: [Signature]