

6/7 12-06-010

Republic of the Philippines
REGIONAL 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: **WELLCOME CONSTRUCTION SUPPLIES**
Address: Lazatin Blvd., City of San Fernando, Pampanga
Tel./ Fax No.: (045) 963 6588/ (045) 961 5608
Supplier Registered with: **PHILHEALTH**

P.O. No.: **12-040**
Date: **May 30, 2012**
Term of Payment: **15 Days**
Mode of Procurement: **Local Shopping**

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

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pc	Flat Cord #18	16.05	1,605.00
	20	pc	Ordinary Outlet 2 gang	39.59	791.80
			---NOTHING FOLLOWS---		2,396.80
			RECEIVED BY:		
			TIME: RIU#-12-211-83		
			TOTAL AMT.		PHP 2,396.80

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 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.
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 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 2,396.80	APPROVED
 LEONIDAS A. LUMBA Administrative Officer IV	 ANGELA S. REYES Fiscal Controller IV	 RODOLFO M. BALOG Vice-President for PRO III
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____		
CONFORME:		
Received copy of P.O. on _____		
 RAYMA S. REYES SIGNATURE over/PRINTED NAME of Supplier / Representative		

PHILHEALTH REGIONAL OFFICE III
MANAGEMENT SERVICES DIVISION
JUN 05 2012

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