

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

P.O. No.: **12-043**

Date: June 8, 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
	12	pc	Tarpaulin 3 x 6 ----NOTHING FOLLOWS----	216.00	2,592.00
			RJV# 12-212-R3	TOTAL AMT.	PHP 2,592.00

Conditions:

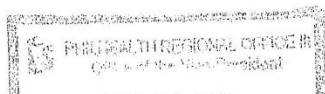
- The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value of undelivered order for each day of the delay as liquidated damages.
- Render your bills in triplicate copies including the original.
- If the date of receipts of this Purchase Order (P.O.) by the dealer is not 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 2,592.00	APPROVED
<p>LEONIDAS A. LUMBA Administrative Officer IV</p> <p>Within the COB: <u>26/12</u> Expense Code: _____ Budget: _____ Remarks: _____</p>	<p>ANGELITA S. REYES Fiscal Controller IV</p>	<p>RODOLFO M. BALOG Vice-President for PKO III</p>
<p>CONFORME:</p> <p>Received copy of P.O. on <u>6-20-12</u></p> <p>WILLY A. ESTRADINO SIGNATURE over PRINTED NAME of Supplier / Representative</p>		



PHILIPPINE HEALTH INSURANCE CORPORATION
FINANCE DIV-ACCOUNTING UNIT