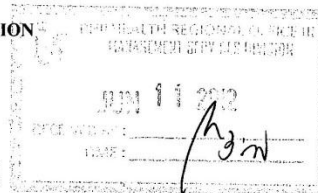


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12-06-037

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: **PHIL. REPRO-COM PRODUCTS AND SYSTEMS, INC.**

P.O. No.: **12-044**

Address: 406 Angelique Square Bldg., Mc Arthur Highway, Dau, Mabalacat,  
Pampanga

Date: **June 13, 2012**

Tel./ Fax No.: (045) 624 0750

Term of Payment: **15 Days**

Supplier Registered with: **PHILHEALTH**

Mode of Procurement: **Sole Distributorship**

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

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	124	CA	Ink for Duplo Machine, 514K	750.00	93,000.00
	20	roll	Master Roll for Duplo Machine, S-875	3,530.00	70,600.00
			---NOTHING FOLLOWS---		163,600.00
			RJV# 12-145-R3	TOTAL AMT.	<b>PHP 163,600.00</b>

### 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*  
**GRACE M. MAMAWAL**  
Chief, Management Services Division

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: PHP 163,600.00</b>	<b>APPROVED</b>
<p><i>Leonidas A. Lumba</i> <b>LEONIDAS A. LUMBA</b> Administrative Officer IV</p> <p>Within the COB: Expense Code _____ Budget: _____ Remarks: _____</p>	<p><i>Angelita S. Reyes</i> <b>ANGELITAS. REYES</b> Fiscal Controller IV</p>	<p><i>Rodolfo M. Balog</i> <b>RODOLFO M. BALOG</b> Vice-President for PRO III</p>
<p><b>CONFORME:</b></p> <p><i>Jay S. Luna</i> <b>JAY S. LUNA</b> SIGNATURE over PRINTED NAME of Supplier / Representative</p>		

Received copy of P.O. on \_\_\_\_\_

PHILIPPINE HEALTH INSURANCE CORPORATION  
FINANCE DIV-ACCOUNTING UNIT

JUN 11 2012