

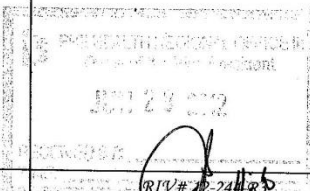
Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
PhilHealth Bldg., Lazatin Blvd., San Agustin,
City of San Fernando, Pampanga
Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299

PURCHASE ORDER

Supplier: **NIKKI CESCA FOOD HOUSE**
Address: **PhilHealth Bldg., Lazatin Blvd., San Agustin, CSFP**
Tel./ Fax No.:
Supplier Registered with: **PHILHEALTH**

P.O. No.: **12-046**
Date: **June 18, 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:



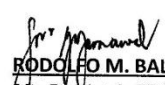
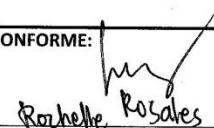
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	55	pax	Meals (AM Snack, Lunch & PM Snack) ---NOTHING FOLLOWS---	450.00	24,750.00
					
			RJV# 12-241R5	TOTAL AMT.	PHP 24,750.00

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 24,750.00	APPROVED
 LEONIDAS A. LUMBA Administrative Officer IV Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	 ANGELITA S. REYES Fiscal Controller IV	 RODOLFO M. BALOG Vice-President for PRO III
Received copy of P.O. on _____		CONFORME:  ROCHELLE ROSALES SIGNATURE over PRINTED NAME of Supplier / Representative

PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
SAN AGUSTIN, SAN FERNANDO, PAMPANGA