

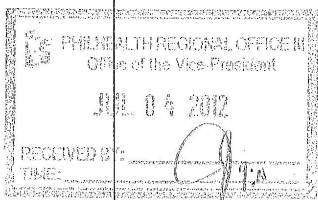
Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
Philhealth Bldg., Lazatin Blvd., San Agustin,
City of San Fernando, Pampanga
Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299

PURCHASE ORDER

Supplier: **EDITH MAE CATERING SERVICES**
Address: Don Juico Ave. Corner Friendship Highway, Angeles City
Tel./ Fax No.: (045) 893 2452/ 0915 789 9984
Supplier Registered with: **PHILHEALTH**

P.O. No.: **12-049**
Date: **June 28, 2012**
Term of Payment: **15 Days**
Mode of Procurement: **Small value**

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



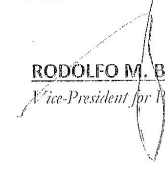

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pax	Snacks (July 5, 2012) -----NOTHING FOLLOWS-----	100.00	10,000.00
					
			RJV# 12-279-R3	TOTAL AMT.	PHP 10,000.00

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 10,000.00  ANGELITA S. REYES Fiscal Controller IV	APPROVED  RODOLFO M. BALOG Vice-President for PRO III
CONFORME: Received copy of P.O. on <u>JULY 5, 2012</u>  EDITH MAE BENFIL SIGNATURE over PRINTED NAME of Supplier / Representative		

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