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:	3	APO ROQUE A	DVERTISING	P.O. No.: 12-066		
Address:		Bucana, Gapan Cit	y, Nueva Ecija	Date:	August 1, 2012	
Tel./ Fax	No.:	(044) 958 0880		Term of Payment:		
Supplier	Registered	d with: PHILHEALTH		Mode of Procurement:		
F	Please deliv	er to this Office wi	thin from receipts he	ereof the following:		
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
	7	pc	Tarpaulin 4 x 6 ftNOTHING FOLLOWS	480.00	3,360.00	
				5		
			il de la constant de			
Conditio		2	RJV#: GSO-2012-007	TOTAL AMT.	PHP 3,360.00	
. Delive	ery shall be	should be submitte made only on MOI th cases shall be gi	NDAYS to THURSDAYS not later than 3 P.M.	.except for emergency ca	ses wherein prior	
				Very truly yours,		
				GRACE Chief, Manag	Mamawel M. MAMAWAL ment Services Divísion	
Certified	Budget Av	ailable:	Funds Available in the amount of: PHP 3,360.	00 A	PPROVED	
LEONIDAS A. LUMBA Administrative Officer 14/ Within the COB: Expense Code			ANGELITA S. REYES Fiscal Controller IV		fi <u>RODOLFO M. BALOG</u> Vice-President for PRO III	
Budget: Remarks: _						
Recei	ived copy c	of P.O. on	20-12	CONFORME:		
Rece	ived copy o	of P.O. on	20-12			

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