

12-067-303

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

P U R C H A S E O R D E R

Supplier: **BOYLES ADS**
Address: 52, Gloria I St., Sindalan, CSFP
Tel./ Fax No.: (045) 861 0867/ 0921 424 5435
Supplier Registered with: PHILHEALTH

P.O. No.: **12-067**
Date: August 13, 2012
Term of Payment: 15 Days
Mode of Procurement: Small Value

Please deliver to this Office within _____ from receipts hereof the following:




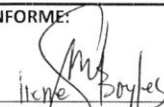
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	lot	Complete Reface of Acrylic Signage with Acrylic Build up, 3 x 20 ft ----NOTHING FOLLOWS----	35,000.00	35,000.00
			RIV#: 12-0053-R3B	TOTAL AMT.	PHP 35,000.00

Conditions:

1. 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.
2. Render your bills in triplicate copies including the original.
3. 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.
4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
5. 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 35,000.00	APPROVED
 LEONIDAS A. LUMIBA Administrative Officer IV Within the COB: <u>2012</u> Expense Code: <u>M/E</u> Budget: _____ Remarks: _____	 ANGELITA S. REYES Fiscal Controller IV	 RODOLFO M. BALOG Vice-President for PRO III
CONFORME: Received copy of P.O. on <u>AUG 17, 2012</u>  SIGNATURE over PRINTED NAME of Supplier Representative		

PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III

AUG 15 2012

RECEIVED BY Ilene Boyles
Time _____