

209-0508

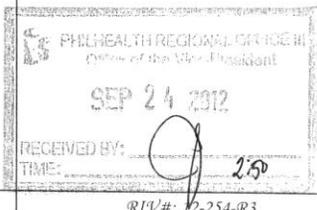
Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
 Philhealth Bldg., Lazatin Blvd., San Agustin,
 City of San Fernando, Pampanga
 Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299

PURCHASE ORDER

Supplier: CONSOLIDATED PAPER PRODUCTS, INC.
 Address: 14 Narciso St., East Canumay, Valenzuela City, Philippines
 Tel./ Fax No.: (02) 983 8226 to 32/ (02) 983 8899
 Supplier Registered with: PHILHEALTH

P.O. No.: 12-075
 Date: September 12, 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
	750	ream	Paper PPC A4, 70 gsm, Light Yellow ----NOTHING FOLLOWS----	166.25	124,687.50
			 RIV#: 12-254-R3	TOTAL AMT.	PHP 124,687.50

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

Certified Budget Available:	Funds Available in the amount of: PHP 124,687.50	APPROVED
<i>fb 9/12</i> LEONIDAS A. LUMBA Administrative Officer IV Within the COB: <u>2012</u> Expense Code _____ Budget _____ Remarks: _____	<i>ay</i> ANGELITA S. REYES Fiscal Controller IV	<i>Rodolfo M. Balog</i> RODOLFO M. BALOG Vice-President for PRO III
CONFORME: <i>Clayton Nelson</i> CLAYTON NELSON SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		<u>10/04/12</u> DATE RECEIVED COPY OF P.O.

PHILIPPINE HEALTH INSURANCE CORPORATION
 FINANCE DIVISION/ACCOUNTING UNIT
 SEP 12 2012
 Received by: *AN*
 Time: *4:30*