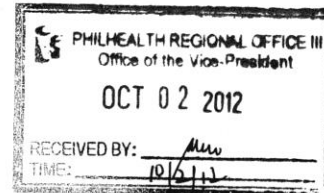


12-10-0088

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: KUYA WARLIE'S CATERING SERVICES
Address: Blk. 22, Lot 24, Phase 2, St. Jude Vill., CSFP
Tel./ Fax No.: 0927 621 8425
Supplier Registered with: PHILHEALTH

P.O. No.: 12-082
Date: September 21, 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
	13	pax	Meals (AM Snack, Lunch & PM Snack) -----NOTHING FOLLOWS----- (For the Orientation of Newly Regularized Personnel of PRO III on Sept. 24, 2012)	300.00	3,900.00
			RJV#: 12-364-R3	TOTAL AMT.	PHP 3,900.00

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: LEONIDAS A. LUMBA Administrative Officer IV Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____	Funds Available in the amount of: PHP 3,900.00 ANGELITA S. REYES Fiscal Controller IV	APPROVED RODOLFO M. BALOG Vice-President for PRO III
CONFORME: SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
 DATE RECEIVED COPY OF P.O. Sept. 21, 2012		

PHILIPPINE HEALTH INSURANCE CORP-PRO III
FINANCE DIV-ACCOUNTING UNIT

SEP 21 2012

Received by:
Time: _____