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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: **KARIO'S RESTAURANT AND BAR** P.O. No.: **12-084**
Address: **Pariancillo St., Sto. Nino, Malolos City, Bulacan** Date: **September 21, 2012**
Tel./ Fax No.: **0932 285 27467** Term of Payment: **15 Days**
Supplier Registered with: **PHILHEALTH** 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
	70	pax	Meals (AM Snack and Lunch) -----NOTHING FOLLOWS----- (For PhilHealth MOVES of Bulacan Group on September 21, 2012)	350.00	24,500.00
			RIV#: 12-0096-R3B	TOTAL AMT.	PHP 24,500.00

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. Mawawel
GRACE M. MAMAWAL
Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: PHP 24,500.00	APPROVED
LEONIDAS A. LUMBA Administrative Officer IV Within the COB: <u>2012</u> Expense Code: <u>267-06</u> Budget: _____ Remarks: _____	ANGELITA S. REYES Fiscal Controller IV	RODOLFO M. BALOG Vice-President for PRO III
CONFORME: <i>Adora Mae Calanillo</i> SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE <i>Sept - 21 - 2012</i> DATE RECEIVED COPY OF P.O.		

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

OCT 02 2012

Received by *my*
Time _____