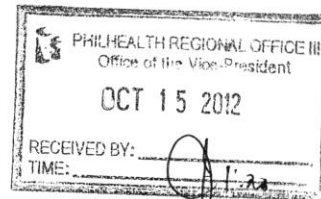


1210-0110

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: **POWERSCAN COMPUTER SYSTEM & GEN. MDSE.**

P.O. No.: **12-086**

Address: RLK Commercial Bldg., 3F B. Mendoza St., Corner Tiomico St.,
 Sto. Rosario, City of San Fernando, Pampanga

Date: **September 24, 2012**

Tel/ Fax No.: **(045) 963 1841**

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
	15	pc	Vertical Tarpaulin Streamer 3 x 6	216.00	3,240.00
	15	pc	Horizontal Tarpaulin Streamer 8 x 4	384.00	5,760.00
			-----NOTHING FOLLOWS----- (For Branch A and B PhilHealth MOVES)		9,000.00
			RJV# 12-390-R3	TOTAL AMT.	PHP 9,000.00

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 9,000.00	APPROVED
LEONIDAS A. LUMBA Administrative Officer IV Within the COB: <u>2012</u> Expense Code: <u>MPE-P&M</u> Budget: _____ Remarks: _____	ANGELITA S. REYES Fiscal Controller IV	RODOLFO M. BALOG Vice-President for PRO III
CONFORME: WILLY A. ESTABILLLO SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
SEPT. 27, 2012 DATE RECEIVED COPY OF P.O. PHILIPPINE HEALTH INSURANCE CORPORATION FINANCE DIV-ACCOUNTING UNIT		

OCT 10 2012

Received by: [Signature]
 Time: _____