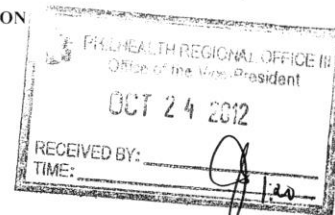


12-10-6464

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.: **12-089**

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

Date: **October 4, 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
	2	pc	3 x 6 ft. Horizontal Tarpaulin	216.00	432.00
			-----NOTHING FOLLOWS----- (For the Conduct of PhilHealth Social Responsibility in observance of Elderly Week in Arayat and Hagonoy on Oct. 5 & 12, 2012 respectively.)		
			RFV#: 12-415-R3	TOTAL AMT.	<b>PHP 432.00</b>

**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

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: PHP 432.00</b>	<b>APPROVED</b>
<b>LEONIDAS A. LUMBA</b> Administrative Officer IV Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	<b>ANGELITA S. REYES</b> Fiscal Controller IV 10/04/12	<b>ARSENIA B. TORRES</b> OIC, Vice President for PRO III
<b>CONFORME:</b> <b>WILLY A. ESTRABUO</b> SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
<b>10-04-12</b> DATE RECEIVED COPY OF P.O.		

PHILIPPINE HEALTH INSURANCE CORPORATION  
 FINANCE DIV-ACCOUNTING UNIT

OCT 19 2012

Received by: **On**  
 Time: \_\_\_\_\_