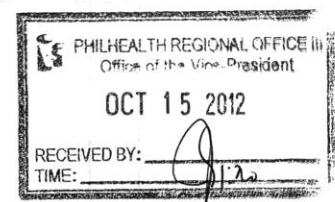


12-10-0307

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



P U R C H A S E O R D E R

Supplier: **DIGIWORX COMPUTER AND OFFICE SOLUTIONS**
 Address: Stall #1, JSJ Bldg., Jake Gonzales Blvd., Malabanas, Angeles City
 Tel./ Fax No.: (045) 888 6281
 Supplier Registered with: **PHILHEALTH**

P.O. No.: **12-093**
 Date: **October 5, 2012**
 Term of Payment: **COD**
 Mode of Procurement: **Small Value**

Please deliver to this Office within **7 Working Days** from receipts hereof the following:

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	Crimping Tools	250.00	250.00
	1	pc	LAN Tester	250.00	250.00
	1	pc	USB Wireless LAN, Receiver	600.00	600.00
			-----NOTHING FOLLOWS----- (For ITMS and OVP use)		1,100.00
			RJV# : 12-153-R3 & 12-218-R3	TOTAL AMT.	PHP 1,100.00

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 1,100.00	APPROVED
LEONIDAS A. LUMBA Administrative Officer IV Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	ANGELITAS S. REYES Fiscal Controller IV	RODOLFO M. BALOG Vice-President for PRO III
CONFORME: CARY S. DAYAL SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
DATE RECEIVED COPY OF P.O. 10-13-12 PHILIPPINE HEALTH INSURANCE CORP-PRO III FINANCE DIV-ACCOUNTING UNIT		

OCT 08 2012

Received by _____
 Time _____