

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: NATIONAL BOOKSTORE  
 Address: G/F SM City Pampanga, City of Sn. Frnd., Pampanga  
 Tel./ Fax No.: (045) 963 5681  
 Supplier Registered with: PHILHEALTH

P.O. No.: 12-095  
 Date: October 9, 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	Binding Machine	13,999.75	13,999.75
	4	pc	Laminating Machine	7,719.00	30,876.00
			-----NOTHING FOLLOWS----- (For PRO III use)		44,875.75
			RJV#: 12-271-R3	TOTAL AMT.	<b>PHP 44,875.75</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,

*[Signature]*  
**GRACE M. MAMAWAL**  
 Chief, Management Services Division

<b>Certified Budget Available:</b>  <i>[Signature]</i> <b>LEONIDAS A. LUMBA</b> Administrative Officer IV Within the COB: <u>2012 CAPEX</u> Expense Code: _____ Budget: _____ Remarks: _____	<b>Funds Available in the amount of: PHP 44,875.75</b>  <i>[Signature]</i> <b>ANGELITA S. REYES</b> Fiscal Controller IV	<b>APPROVED</b>  <i>[Signature]</i> <b>RODOLFO M. BALOG</b> Vice-President for PRO III
<b>CONFORME:</b> <i>[Signature]</i> <b>AGNES D. MANCERO</b> SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
DATE RECEIVED COPY OF P.O. <u>10/17/12</u>		

PHILIPPINE HEALTH INSURANCE CORPORATION  
 FINANCE DIVISION ACCOUNTING UNIT

12 10201

OCT 10 2012

Received by: *[Signature]*  
 Time: \_\_\_\_\_