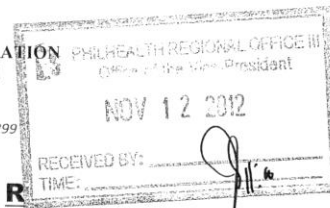


12-11-6205

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: KUYA WARLIE'S CATERING SERVICES
Address: Blk. 22, Lot 24, Phase II, St. Jude Vill., City of Sn. Frnd., Pamp.
Tel./ Fax No.: 0927 621 8425
Supplier Registered with: PHILHEALTH

P.O. No.: 12-099
Date: October 11, 2012
Term of Payment: 15 Days
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
	36	pax	Meals (AM Snack, Lunch & PM Snack) ----NOTHING FOLLOWS---- (For the Annual IT Coordinators Meeting)	300.00	10,800.00
			RJV#: 12-424-R3	TOTAL AMT.	PHP 10,800.00

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 10,800.00	APPROVED
 LEONIDAS A. LUMBA Administrative Officer IV	 ANGELITA S. REYES Fiscal Controller IV	 ARSENIA B. TORRES OIC, Vice-President for PRO III
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____		
CONFORME:		
 Winingina M. Beltran SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		<u>October 12, 2012</u> DATE RECEIVED COPY OF P.O.

PHILIPPINE HEALTH INSURANCE CORPORATION III
FINANCE DIV-ACCOUNTING UNIT

NOV 08 2012

Received by
Time _____