

12-11-6487

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.: 12-102

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

Date: October 15, 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
	1	pc	3 x 6 ft. Horizontal Welcome Tarpaulin	216.00	216.00
	1	pc	4 x 8 ft. Backdrop, Horizontal	384.00	384.00
	1	pc	3 x 6 ft. PhilHealth Run Logo, Horizontal	216.00	216.00
			----NOTHING FOLLOWS----		816.00
			(For MEDIA Launch of the 1st Simultaneuos Nationwide PhilHealth Run)		
			RJV#: 12-425-R3	TOTAL AMT.	PHP 816.00

Conditions:

- 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.
- Render your bills in triplicate copies including the original.
- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
- 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 816.00	APPROVED
<p>LEONIDAS A. LUMBA AO IV/ Budget Officer Designate</p> <p>Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____</p>	<p>ANGELITA S. REYES Fiscal Controller IV</p>	<p>ARSENIA B. TORRES OIC, Vice-President for PRO III/ Concurrent Branch Manager</p>
<p>CONFORME:</p> <p>WILLY A. ESTRABILLO SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE</p> <p>10/18/12 DATE RECEIVED COPY OF P.O.</p>		

PHILIPPINE HEALTH INSURANCE CORP-PRO III
FINANCIAL ACCOUNTING UNIT

NOV 20 2012

Received by: