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12-11-6548

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: **LEONY'S CATERING SERVICES**
Address: 224 Cristina St., Ginhawa Subd., City of Malolos, Bulacan
Tel./ Fax No.: (044) 794 2392
Supplier Registered with: PHILHEALTH

P.O. No.: **12-104**
Date: **October 16, 2012**
Term of Payment: **15 Days**
Mode of Procurement: **Small Value**


Please deliver to this Office within _____ from receipts hereof the following:




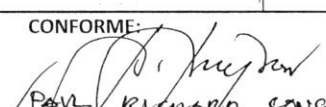
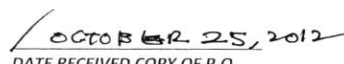
| NO. | QTY. | UNIT | ITEM / DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|------|---|------------|----------------------|
| | 50 | pax | Meals (AM Snacks and Lunch) -----NOTHING FOLLOWS----- (For the Media Launch of PhilHealth's 1st Simultaneous Nationwide Run on 2013 - Branch B use) | 350.00 | 17,500.00 |
| | | | RJV#: 12-0105-R3B | TOTAL AMT. | PHP 17,500.00 |

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 17,500.00 | APPROVED |
|  LEONIDAS A. LUMBA Administrative Officer IV Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____ |  ANGELITA S. REYES Fiscal Controller IV |  ARSENIA B. TORRES CIC, Vice-President for PRO III 11/17 |
| CONFORME:  PAUL RICHARD CONGOPON SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE  OCTOBER 25, 2012 DATE RECEIVED COPY OF P.O. | | |

PHILIPPINE HEALTH INSURANCE CORP-PRO III
FINANCE DIV-ACCOUNTING UNIT

OCT 24 2012

Received by: 
Time: _____