

12-11-6117

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: **POWERSCAN COMPUTER SYSTEM & GEN. MDSE.** P.O. No.: **12-106**
 Address: RLK Commercial Bldg., 3F B. Mendoza St., Corner Tiomico St.,
 Sto. Rosario, City of San Fernando, Pampanga Date: **October 17, 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:


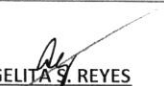

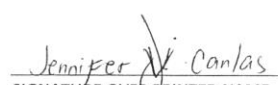
| NO. | QTY. | UNIT | ITEM / DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|------|---|------------|-------------------|
| | 1 | pc | 3 x 5 ft. Tarpaulin | 180.00 | 180.00 |
| | | | -----NOTHING FOLLOWS----- (For Signing Covenant/ Pledge of Commitment at Tarlac LHIO) | | |
| | | | RJV#: 12-429-R3 | TOTAL AMT. | PHP 180.00 |

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: <div style="text-align: center;">  LEONIDAS A. LUMBA Administrative Officer IV </div> Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ | Funds Available in the amount of: PHP 180.00 <div style="text-align: center;">  ANGELITA S. REYES Fiscal Controller IV </div> | APPROVED <div style="text-align: center;">  ARSENIA B. TORRES OIC, Vice-President for PRO III </div> |
| CONFORME: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  JENNIFER X. CONLAS SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE </div> <div style="width: 45%; text-align: right;"> 10-18-12 DATE RECEIVED COPY OF P.O. </div> </div> | | |

PHILIPPINE HEALTH INSURANCE CORPORATION III
 FINANCE DIV-ACCOUNTING UNIT

NOV 05 2012

Received by: 
 Time: _____