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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

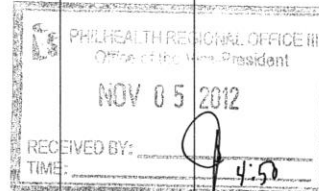
PURCHASE ORDER

Supplier: **ROBINSONS HANDYMAN INC.**
Address: 1st Flr., Robinsons Starmills, City of Sn. Frnd., Pampanga
Tel./ Fax No.: (045) 875 2103/ 636 3537
Supplier Registered with: **PHILHEALTH**

P.O. No.: **12-108**
Date: **October 18, 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
	4	pc	Plastic Moulding 1"	82.50	330.00
	20	box	Gypsum Screw 1"	74.75	1,495.00
			-----NOTHING FOLLOWS----- (For PRO III use)		1,825.00
			RIV#: 12-154-R3	TOTAL AMT.	PHP 1,825.00



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.

PAID

Very truly yours,

GRACE M. MAMAWAL
Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: PHP 1,825.00	APPROVED
LEONIDAS A. UMBA Administrative Officer IV Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	ANGELITA S. REYES Fiscal Controller IV	ARSENIA B. TORRES OIC, Vice-President for PRO III
CONFORME: WINNIE MENDIOLA SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE 11-8-12 DATE RECEIVED COPY OF P.O.		

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

12 11079

OCT 24 2012

Received by: _____
Time: _____