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12-11-6616

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

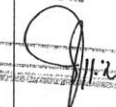
PURCHASE ORDER

Supplier: O. B. P. GLASS ALUMINUM ENTERPRISE
Address: Del Carmen, City of San Fernando, Pampanga
Tel./ Fax No.: 0919 805 7857
Supplier Registered with: PHILHEALTH

P.O. No.: 12-109
Date: October 18, 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
	1	lot	Glass Door Lock, Replacement of Sliding Window Lock -----NOTHING FOLLOWS----- (For PRO III use)	3,675.00	3,675.00
			RIV#: 12-290-R3 & 12-333-R3	TOTAL AMT.	PHP 3,675.00





PHILHEALTH REGIONAL OFFICE III
Office of the Vice-President
NOV 05 2012
RECEIVED BY: 
TIME: _____

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: <div style="text-align: center;"> LEONIDAS A. LUMBA Administrative Officer IV</div> <div>Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____</div>	Funds Available in the amount of: PHP 3,675.00 <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>
<div style="display: flex; justify-content: space-between;"><div>CONFORME:  SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE</div><div>DATE RECEIVED COPY OF P.O. 11/09/12</div></div>		

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

OCT 24 2012

Received by: 
Time: _____