

12-11-6017

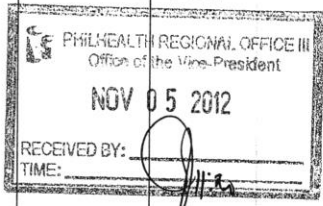
Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
 Philhealth Bldg., Lazatin Blvd., San Agustin,
 City of San Fernando, Pampanga
 Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299

PURCHASE ORDER

Supplier: TRIPLE 8 MEDMAN DRUGSTORE
 Address: Dolores, City of San Fernando, Pampanga
 Tel./ Fax No.: (045) 435 0355/ 0922 830 6975
 Supplier Registered with: PHILHEALTH


P.O. No.: 12-110
 Date: October 19, 2012
 Term of Payment: COD
 Mode of Procurement: Small Value




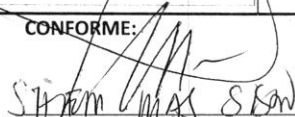
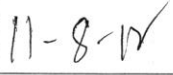
Please deliver to this Office within 7 Working Days from receipts hereof the following:

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	lot	Oxygen Tank (Portable)	7,632.00	7,632.00
			<p style="text-align: center;">---NOTHING FOLLOWS--- (For PRO III Clinic use)</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">  </div>		
			RJV#: 12-203-R3	TOTAL AMT.	PHP 7,632.00

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: <div style="text-align: center;">  LEONIDAS A. LUMBA Administrative Officer IV </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Within the COB: <u>CAPEX 2012</u> Expense Code _____ Budget: _____ Remarks: _____ </div>	Funds Available in the amount of: PHP 7,632.00 <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 style="width: 45%;"> CONFORME:  SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE </div> <div style="width: 45%; text-align: center;">  DATE RECEIVED COPY OF P.O. </div> </div>		

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

OCT 24 2012

02 11144

Received by: 
 Time: _____

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