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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
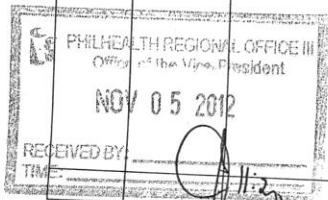Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299

P U R C H A S E   O R D E R

Supplier: **ACE HARDWARE PHILIPPINES, INC.**
Address: SM City Pampanga, Bldg. 3, Unit 125, Brgy. Lagundi, Mexico, CSFP
Tel./ Fax No.: (045) 961 6847
Supplier Registered with: PHILHEALTH

P.O. No.: **12-112**
Date: October 22, 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
	50	pc	CFL Essential Esaver 14 watts	139.75	6,987.50
	50	pc	Flourescent Tube 18 watts Daylight	54.75	2,737.50
	10	pc	Flourescent Tube T5 28 watts Daylight	299.75	2,997.50
			-----NOTHING FOLLOWS-----		12,722.50
			(For PRO III use)		
			RIV#: 12-343-R3	TOTAL AMT.	**PHP 12,722.50**

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

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 12,722.50	APPROVED
LEONIDAS A. LUMBA *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:

SIGNATURE OVER PRINTED NAME
OF SUPPLIER/ REPRESENTATIVE

Nov 8, 2012
DATE RECEIVED COPY OF P.O.

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

OCT 2 4 2012

02 11122 Received by:

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