

12-11-0090

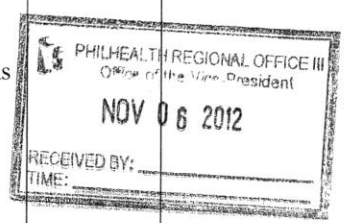
Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
Philhealth Bldg., Lazatin Blvd., San Agustin,
City of San Fernando, Pampanga
Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299

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

Supplier: SHIRTS AND PRINT TRADING CORP. P.O. No.: 12-113
Address: 559 Juan Luna St., Binondo, Manila Date: October 26, 2012
Tel./ Fax No.: (02) 242 1609/ 241 7753 Term of Payment: COD
Supplier Registered with: PHILHEALTH 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
	100	pc	Roundneck Shirts (White with PhilHealth MOVES Print) ---NOTHING FOLLOWS--- (For distribution to PhilHealth MOVERS - Branch A use)	120.00	12,000.00
R/V#: 12-427-R3				TOTAL AMT.	PHP 12,000.00



- 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: <u>LEONIDAS A. LUMBA</u> Administrative Officer IV Within the COB: <u>MPE</u> Expense Code _____ Budget _____ Remarks: _____	Funds Available in the amount of: PHP 12,000.00 <u>ANGELITA S. REYES</u> Fiscal Controller IV	APPROVED <u>ARSENIA B. TORRES</u> OIC, Vice-President for PRO III
CONFORME: <u>MA. TERESA VILLALBA</u> SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE <u>November 7, 2012</u> DATE RECEIVED COPY OF P.O.		

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

NOV 05 2012

12 11 076

Received by: Myro
Time: _____