

12-11-6222

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: **ACE HARDWARE PHILIPPINES, INC.**
Address: Bldg. 3, Unit 25, SM City Pampanga, Brgy. Lagundi, Mexico, Pamp.
Tel./ Fax No.: (045) 961 6847
Supplier Registered with: **PHILHEALTH**

P.O. No.: **12-114**
Date: **October 29, 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
	25	pc	Tile Adhesive	239.75	5,993.75
	500	pc	Tiles 40 x 40	55.75	27,875.00
	10	pc	Tile Grout	64.75	647.50
----NOTHING FOLLOWS----					34,516.25
(For PRO III use)					
<div style="border: 1px solid black; padding: 5px; width: fit-content;"><p>PHILHEALTH REGIONAL OFFICE III Office of the Vice-President NOV 13 2012 RECEIVED BY: TIME</p></div>				TOTAL AMT.	PHP 34,516.25
RJIV#: 12-247-R3					

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: LEONIDAS A. LUMBA AO IV/ Budget Officer Designate Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____	Funds Available in the amount of: PHP 34,516.25 ANGELITA S. REYES Fiscal Controller IV	APPROVED ARSENIA B. TORRES OIC, Vice-President for PRO III/ Concurrent Branch Manager
CONFORME: Haydee Sagum SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
11/15/12 DATE RECEIVED COPY OF P.O. PHILIPPINE HEALTH INSURANCE CORP. PRO III FINANCE DIV-ACCOUNTING UNIT		

NOV 08 2012

12 11216

Received by: _____
Time: _____