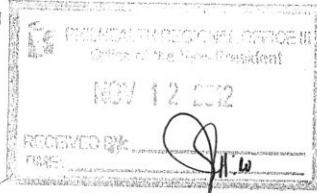


Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
**REGIONAL HEALTH INSURANCE OFFICE III**  
 Philhealth Bldg., Lazatin Blvd., San Agustin,  
 City of San Fernando, Pampanga  
 Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299



**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.: 12-115  
 Date: October 30, 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	pc	Portable Electric Drill, battery operated with complete accessories  -----NOTHING FOLLOWS-----  (For PRO III use)	7,999.75	7,999.75
			RJV#: 12-202-R3	TOTAL AMT.	<b>PHP 7,999.75</b>

**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

<b>Certified Budget Available:</b>  <u>11/9</u> <b>LEONIDAS A. LUMBA</b> AO IV/ Budget Officer Designate Within the COB: <u>C4EX</u> Expense Code _____ Budget: _____ Remarks: _____	<b>Funds Available in the amount of: PHP 7,999.75</b>  <u>11/9</u> <b>ANGELITA S. REYES</b> Fiscal Controller IV	<b>APPROVED</b>  <u>11/15/12</u> <b>ARSENIA B. TORRES</b> OIC, Vice-President for PRO III/ Concurrent Branch Manager
<b>CONFORME:</b> <u>Handwritten Signature</u> <b>SIGNATURE OVER PRINTED NAME</b> <b>OF SUPPLIER/ REPRESENTATIVE</b>		
<b>DATE RECEIVED COPY OF P.O.</b> <u>11/15/12</u> PHILIPPINE HEALTH INSURANCE CORP-PRO III FINANCE DIVISION/ ACCOUNTING UNIT		

NOV 08 2012

12 11216

Received by Handwritten Signature  
 Time \_\_\_\_\_