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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

**PURCHASE ORDER**

Supplier: **CONSOLIDATED PAPER PRODUCTS, INC.**

Address: 14 Narciso St., East Canumay, Valenzuela City

Tel./ Fax No.: (02) 983 8223 to 32/ 983 8899

Supplier Registered with: **PHILHEALTH**

P.O. No.: **12-121**

Date: November 19, 2012

Term of Payment: 15 Days

Mode of Procurement: Small Value

Please deliver to this Office within **15 Working Days** from receipts hereof the following:

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	75	box	Continuous Form, 11 x 10-5/8, 2 Ply, Plain 55 gsm with side perforation 1000 sets/ box  -----NOTHING FOLLOWS----- (For PRO III use)	810.00	60,750.00
			RJV#: 12-145-R3	TOTAL AMT.	<b>PHP 60,750.00</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>	<b>Funds Available in the amount of: PHP 60,750.00</b>	<b>APPROVED</b>
<b>LEONIDAS A. LOMBA</b> AO IV/ Budget Officer Designate  Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	<b>ANGELITAS. REYES</b> Fiscal Controller IV	<b>ARSENIA B. TORRES</b> OIC, Vice-President for PRO III/ Concurrent Branch Manager
<b>CONFORME:</b> <b>EDMUND B. ALAYON</b> SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
12-04-12 DATE RECEIVED COPY OF P.O.		

PHILIPPINE HEALTH INSURANCE CORPORATION  
FINANCE DIV-Accounting Unit  
NOV 20 2012

Received by  
Time