

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: **COPYLANDIA OFFICE SYSTEMS CORPORATION**
 Address: Angeles Branch, 769-B Sto. Rosario St., Angeles City, Pampanga
 Tel./ Fax No.: (045) 887 2499/ 322 1707
 Supplier Registered with: **PHILHEALTH**

P.O. No.: **12-122**
 Date: November 26, 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
	1	pc	Piston Head	433.44	433.44
	1	pc	Oring	393.12	393.12
----NOTHING FOLLOWS---- (For replacement of broken parts of RIZO RZ570)					826.56
RJV# 12-449-R3				TOTAL AMT.	PHP 826.56

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
GRACE M. MAMAWAL
 Chief, Management Services Division

Certified Budget Available: <div style="text-align: center;">  LEONIDAS A. LUMBA AO IV/ Budget Officer Designate </div> Within the COB: Expense Code: _____ Budget: _____ Remarks: _____	Funds Available in the amount of: PHP 826.56 <div style="text-align: center;">  ANGELITA S. REYES Fiscal Controller IV </div>	APPROVED <div style="text-align: center;">  ARSENIA B. TORRES OIC, Vice-President for PRO III/ Concurrent Branch Manager </div>
CONFORME: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE </div> <div style="text-align: center;"> <div style="font-size: 1.2em;">12/03/12</div> DATE RECEIVED COPY OF P.O. </div> </div>		

PHILIPPINE HEALTH INSURANCE CORPORATION
 BRANCH DIVISION ACCOUNTING UNIT

RJV 27 2012

Received by: *M. M.*
 Time: _____