Philippine Health Insurance Corporation
PhilHealth Regional Office IV-B

PURCHASE ORDER

Supplier ALTA GRACIA PURIFIED DRINKING WATER		PO No.	12-05-04
Address M.A. Building, Libjo Central, Batangas City		Date	May 8, 2012
Tel./Fax No. 706-0841 / 723-7913		Terms of Payment	on account
Supplier Registered with:		Mode of Procurement	LOCAL SHOPPING

Please deliver to this office within **10 days** from receipt hereof the following:

NO	QTY.	UNIT	ITEM DESCRIPTION			UNIT PRICE	TOTAL AMOUNT
1	200	cont	Purified Water-Refill			33.00	**6,600.00**
			nothing follows				
			for consumption of PRO IV-B for the				
			month of May 2012				
			Less: WVAT 5%	330.00			
			EVAT 1%	66.00			**396.00**
			*reference RIV # 2012-05-08 dated May 7, 2012				
TOTAL							**6,204.00**

Conditions:
1. The agency shall impose penalty in an amount equivalent to 1/10 percent of the total 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 receipt of the P.O. by the dealer is not indicated, it shall be deemed on the 10th working day from the date of the approval of the P.O.
4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of equipment purchased, and tax receipts, should be submitted by the supplier.

Very truly yours,

ARACELI J. LAINEZ
Division Chief IV - MSD

Funds available in the amount of **P 6,600.00**

CATALINA R. AMATUS
Fiscal Controller IV

APPROVED:

PAOLO JOHANN C. PEREZ
Regional Vice-President
Date approved: MAY 10, 2012

Received copy of P.O. on May 10 2012
By Altagracia V. Dinglasan

CONFORME: 5/25/12
Altagracia V. Dinglasan
Printed Name and Signature