

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 6flr.Trinidad Bldg,Yacapin-Corrales Sts.
 Cagayan de Oro City
 Telefax # 71-12-06

PURCHASE ORDER

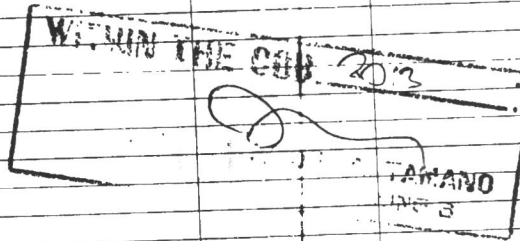
Supplier: **M & M TOY BALLOONS & PARTY NEED SHOP**
 Address: **Cagayan de Oro City**
 Tel/Fax: **0822-728-031**
 RIV #: **101-02R**
 Date: **February 8, 2013**

P.O.No. **1302P-039**
 Date: **February 13, 2013**
 Terms of payment: **20-30 DAYS**
 Mode of Procurement: **Local shopping**

Supplier Registered with :

Please deliver to this office within 15 working days from receipt hereof the following:

NO.	QTY.	Unit	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMT.
	6	dozen	Balloons with Philhealth Print	159.00	954.00
	4	packs	Candies	50.00	200.00
			for the regional office & LHIO -Cdo	total	1,154.00
			(Philhealth 18th Anniversary)		xxxxxxxxxxxxxx
			xxxxxxxxnothing followsxxxxxxxx		



Conditions:

- 1.The agency shall impose penalty in an amount equivalent to 1/10 of 1 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 the receipt of the P.O. by the dealer is not indicated,it shall be deemed received 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 the equipment purchased,and tax receipts, should be submitted by the supplier.

Funds available in the amount of: ₱ 1,154.00

FRANCIS A. DACUT
 Comptrollership Unit Head -Designate

Approved :

DATU MASIDING M. ALONTO,JR.
 RVP PRO-10

Very truly yours,

MARIA RHOELLA S. PARE
 Chief Management Services
 Division

Received copy of P.O. on _____

BY:

Name and Signature of
 Supplier/Representative

Handwritten signature

ANGEL CASTILLON
 AD-1