

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
 PhilHealth Bldg., Lazatin Blvd., San Agustin,
 City of San Fernando, Pampanga
 General Services Unit (GSU) Healthline (045) 963-0299

PURCHASE ORDER

Supplier: **WELLCOME CONSTRUCTION SUPPLY** P.O. No.: **16-001**
 Address: DOLORES HOMESITE, SAN FERNANDO CITY, PAMPANGA Date: February 12, 2016
 Tel./ Fax No.: _____ Term of Payment: 15 days
 Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

Please deliver to this Office within **15 working days** from receipt hereof :

| NO. | QTY. | UNIT | ITEM / DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|-------|---|------------|---------------------|
| | 50 | mtrs. | Garden Hose 1/2 | 21.40 | 1,070.00 |
| | 1 | pc. | Hose Nozzle | 176.55 | 176.55 |
| | 1 | pc. | Hose Coupling | 58.85 | 58.85 |
| | | | *****Nothing Follows***** | | |
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| | | | (Replace Garden Hose of PRO III Building) | | |
| | | | <i>PR no. R3-16-021</i> | TOTAL AMT. | PHP 1,305.40 |

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 within 15 working days from the date of 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,

Mr
DANILO M. REYNES, M. D.
MSD, Division Chief

| | | | |
|---|--|--|--|
| Certified Budget Available: | Funds available in the amount of | PHP 1,305.40 | APPROVED |
| <i>W</i> WILLIEANNE D. CAYACO <i>Fiscal Controller III</i> | <i>AL</i> ANGELITA S. REYES <i>Fiscal Controller IV</i> | | <i>g</i> LOLITA V. TULIAO, CESO V <i>OC, Vice-President PRO III</i> |
| Within the COB: <u>042016</u> Expense Code: <u>839-20</u> Budget: <u>AS</u> Remarks: _____ | | | |
| CONFORME: | | | |
| <i>R</i> RYAN SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE | | <u>2/19/16</u> DATE RECEIVED COPY OF P.O. | |