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

	WELLCOME CONSTRUCTION SUPPLY	P.O. No.: 16-003
Supplier:		Date: February 17, 2016
Address:	DOLORES HOMESITE, SAN FERNANDO CITY, PAMPANGA	Term of Payment: 15 days
Tel./ Fax No.:	963-6588	Mode of Procurement: Small Value Procurement
Supplier Registered with:	PHILHEALTH	Mode of Procurement.

Please deliver to this Office within $\underline{\text{15 working days}}$ from receipt hereof :

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	TIN	Paint Primer (Flatwall Enamel)	2,242.00	4,484.00
	3	tin	Semi gloss Latex	2,332.00	6,996.00
	1	gal.	Paint Thinner	287.00	287.00
	1	gal.	Lacquer Thinner	235.40	235.40
	1	sack	Patching compound	342.40	342.40
	20	pcs.	Sand paper #120	16.05	321.00
	3	pcs.	Paint Brush #2	48.15	144.4
	3	pcs.	Paint Roller #7	86.00	258.00
	3	pcs.	Baby Roller	70.00	210.00
	2	Itrs.	Acry Color	155.15	310.30
			************Nothing Follows**********		
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			(Purchase materials needed for Painting Works at 2nd floor and 3rd floor)		
			PR no. R3-16-066	TOTAL AMT.	PHP 13,588.55

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 within 15 working days from the
- 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,

MSD, Division Chief

APPROVED Certified Budget Available: Funds available in the amount of PHP 13,588.55 ANGELITA S. REYES LOLITAV Fiscal Controller IV Within the COB: Expense Code: Budget: Remarks CONFORME:

RYAN SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE

DATE RECEIVED COPY OF P.O.