

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.: **16-006**  
Address: **DOLORES HOMESITE, SAN FERNANDO CITY, PAMPANGA** Date: **February 18, 2016**  
Tel./ Fax No.: **963-6588** 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
	2	tin	Flat latex	1,980.00	3,960.00
	2	ltr.	Acry color	155.05	310.10
	3	pcs.	Paint brush #3	86.00	258.00
	4	pcs.	Paint Roller #7	86.00	344.00
	2	kls.	Concrete Nail #3	86.00	172.00
	2	kls.	Finishing Nail #1	86.00	172.00
	2	kls.	Common Nail 1 1/2	65.00	130.00
			*****Nothing Follows*****		
			(Additional materials needed for painting works at 2nd floor, 3rd floor and 4th floor- Legal Office)		
			PR no. R3-16-075	TOTAL AMT.	PHP 5,346.10

**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 date of approval.
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,

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

<b>Certified Budget Available:</b>	<b>Funds available in the amount of</b>	<b>PHP 5,346.10</b>	<b>APPROVED</b>
<b>WILLIEANNE D. CAYACO</b> Fiscal Controller III	<b>ANGELITA S. REYES</b> Fiscal Controller IV	<b>LOLITA V. TULIAO, CESO V</b> OIC, Vice-President PRO III	
Within the COB: <b>CY2016</b> Expense Code: <b>839-20</b> Budget: <b>ACS-Sub 2-13</b> Remarks:			
<b>CONFORME:</b> <b>KATH LERN</b> SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE			
<b>2/19/16</b> DATE RECEIVED COPY OF P.O.			