Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

REGIONAL HEALTH INSURANCE CORFORA 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.: 16-007 Date: February 19, 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	

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

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			- In a second	391.00	28,934.00
	74	pcs.	Fiber Cement Board	1.07	2,140.00
	2,000	pcs.	Tex Screw 2 x 2 x 10 Good Lumber	160.00	22,400.00
	140 2 4	pcs.		86.00	172.00
		kls.	Concrete nail #4		
		kls.	Common nail #2	65.00	260.00

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			(Purchase materials needed for the partition of units at the 2nd floor. For Repair & maintenance of 2nd floor)		
	7		PR no. R3-16-065	TOTAL AMT.	PHP 53,906.00

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,

REYNES, M. D.

MSD, Division Chief

PHP 53,906.00 Funds available in the amount of Certified Budget Available: Augelita Reyes LOLITA V. TULIAN WILLIEANNE D. CAYACO Fiscal Controller IV Fiscal Controller III Within the COB: Expense Code: ASS(510b 2-13) Budget: Remarks:

CONFORME:

SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE