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

KUYA WARLIE'S CATERING SERVICES

Supplier:

OF SUPPLIER/ REPRESENTATIVE

P.O. No.: 16-011

Date: February 24, 2016

Supplier:		NOTA II	A SAME FERNANDO PAMPANGA		ebruary 24, 2010
Address:			6 PHASE III, ST. JUDE VILLAGE SAN FERNANDO PAMPANGA	Term of Payment: 15 days	
Tel./ Fax No			0977-819-0947 Mod	le of Procurement: S	mall Value Procurement
Supplier F	Registered with:	PHILHEA	ALTH	_	
-	N deliver to t	ais Office on FFRRI	JARY 29, 2016 from receipt hereof :		
۲	lease deliver to ti	ils Office on ILDIC	7,111. 20, 20.	T	
Γ				UNIT PRICE	TOTAL AMOUNT
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNITERIOL	TOTALTAMOON
110.					100 107 0
	004	pax	MEALS FOR PHILHEALTH EMPLOYEES DAY 2016 on February	385.00	100,485.0
,	261	рах	29, 2016 (Lunch and PM Snacks)		
			**************************************		A CONTRACTOR OF THE CONTRACTOR
			AND THE SAME AND T		
6		10			
					,
8		9			
					1
				_	
		1 U			
					DUD 100 40F 00
			PR no. R3-16-069	TOTAL AMT.	PHP 100,485.00
 Rend If the For ir and t Deliv 	date of receipts on mported items, IN ax receipts, should ery shall be made	olicate copies includ of this Purchase Ord IPORTATION DOCU d be submitted by t	ler (P.O.) by the dealer is not indicated, it shall be deemed receive MENTS specifically showing the condition, serial numbers of the ehe supplier. to THURSDAYS not later than 3 P.M. except for emergency cases	quipment purchased	016. d,
					M. HEYNES, M. D.
Certified	Budget Availabl	e:	Funds available in the amount of PHP 100,485.00		APPROVED
			A /	0	-
WILLEANNE D. CAYACO Fiscal Controller III			ANGELITA S/REYES Fiscal Controller IV	LOLITA V. TULIAO, CESO V OIC, Vice-President PRO III	
Within the Expense Budget: _ Remarks:	COB:				
	CONFORME:				
	CONFORIVIE:				
	*	-V.			
	Att and F	ICEC)		DZ/26/	2016
1	ALCOUR L	IUAN		o a just	2010
l -	SIGNATURE OV	ER PRINTED NAME		DATE/RECEIVED C	OPY OF P.O.