

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: **SOFILL WATER REFILLING STATION** P.O. No.: **16-012**  
Address: **#49 VIOLETA ST. PILAR VILLAGE, SAN ISIDRO CITY OF SAN FERNANDO PAMPANGA** Date: **March 1, 2016**  
Tel./ Fax No.: **(045) 455-0085** Term of Payment: **15 days**  
Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

Please deliver to this Office on **MARCH TO DECEMBER 2016** from receipt hereof :

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	4,800	Gal.	PURIFIED DRINKING WATER REFILL	28.00	134,400.00
			*****Nothing Follows*****		
			Note:		
			1. DELIVERY - MONDAY TO FRIDAY EXCEPT HOLIDAYS		
			2. MONTHLY BILLING		
			(PRO III Water Consumption for March to December 2016)		
			PR no. R3-16-001	TOTAL AMT.	PHP 134,400.00

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 on MARCH 01, 2016.
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

Certified Budget Available:	Funds available in the amount of	PHP 134,400.00	APPROVED
<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>4-2016</b> Expense Code: <b>774-10</b> Budget: <b>ASS (54062-13)</b> Remarks:			
CONFORME: <b>JOY ELLORA</b> SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE			<b>3-1-16</b> DATE RECEIVED COPY OF P.O.