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

		MANAHAN CATERING SERVICES			16-014
ipplier: _		387 DIAMANTE ST. BARIHAN CITY OF MALOLOS BULACAN 3000 (044) 791-1848		Term of Payment	e: March 1, 2016 t: 15 days t: Small Value Procurement
ddress:	0 :				
	egistered with:				
Ple	ease deliver to th	is Office on MAI	RCH 01, 02, 03 & 04, 2016 from receipt hereof :		
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	980	рах	MEALS (Snacks)	50.00	49,000.00
			Alaga Ka (Indigent) on dates: March 1, 2, 3, and 4, 2016		
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(Conduct of Alaga Ka of LHIO Malolos)

PR no. 16-02-M-10, 16-02-M-11, 16-02-M-12, 16-02-M-13

## 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 1, 2, 3, and 4, 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,

TOTAL AMT.

PHP 49,000.00

DANILO MEREYNES, M. D. MSD, Division Chief

Certified Budget Available: Funds available in the amount of PHP 49,000.00 APPROVED WILLIEANNE D. CAYACO ANGELITA'S. REYES LOLITA V. TULIAO, CESO V Fiscal Controller III Fiscal Controller IV OIC, Vice-President PRO III Within the COB Expense Code: 042016 ALAGA KA Budget: \_ Remarks

CONFORME:

Migulo V. hanh SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE

MARCH 1, 2016 DATE RECEIVED COPY OF P.O.