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

	PAMPANGA CATL TRADING INC.	P.O. No.: 16-017	
Supplier:		Date: March 9, 2016	
Address:	LAZATIN BLVD. DOLORES CITY OF SAN FERNANDO PAMPANGA	Term of Payment: 15 days	
Tel./ Fax No.:	0925-600-0628	Mode of Procurement: Small Value Procurement	
Supplier Registered with:	PHILHEALTH		

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

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc.	3SM Battery	6,500.00	6,500.00
			**************Nothing Follows***************		
			(Replace the battery of GenSet of LHIO Malolos)		
			PR no. R3-16-082	TOTAL AMT.	PHP 6,500.00

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 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,

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

Certified Budget Available:	Funds available in the amount of PHP 6,500.00	APPROVED	
WILLIEANNED. CAYACO Fiscal Controller III	ANGELITAS. REYES Fiscal Controller IV	LOLITA V. TULIAO, CESO V OIC, Vice-President PRO III	
Within the COB:  C42016    Expense Code:  243.00    Budget:  Ass. (Stop 2.12)    Remarks:			
CONFORME: <u>MANITA</u> SIGNATURE OVER PRINTED NAM OF SUPPLIER/ REPRESENTATIVE		3/15/16 DATE RECEIVED COPY OF P.O.	