

PURCHASE ORDER

Supplier: **JOEBEE B. HENSON ENTERTAINMENT PRODUCTION SERVICES** P.O. No.: **19-002**
 Address: _____ Date: **February 12, 2019**
 Tel./ Fax No.: _____ Term of Payment: **15 DAYS**
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

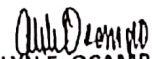
Please deliver to this Office within **15 working days** from receipt hereof :




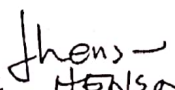
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	lot	Servcie of Event Organizer for the PhilHealth Forward	210,000.00	210,000.00
			*****Nothing Follows*****		
PR No. 2019-PAU-004				TOTAL AMT.	PHP 210,000.00

Conditions:

- 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.
- Render your bills in triplicate copies including the original.
- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
- 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,


EVELYN E. OCAMPO
 PRO3 SBAC - Head

Certified Budget Available:  EVELYN C. CO FC III / Comptrollership Unit Within the COB <u>CU 2019</u> Expense Code: <u>5-02-99-0000</u> Budget: _____ Remarks: _____	Funds available in the amount of <u>PHP 210,000.00</u>  LEONIDAS A. ZUMBA AO IV/OIC Fund Management Section	APPROVED  ELIZABETH S. FERNANDEZ, M.D. Acting Vice President PRO III
CONFORME:  JOEBEE HENSON SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		
DATE RECEIVED COPY OF P.O.		