Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
Philhealth Bildg., Lazatin Bivd., San Agustin,
City of San Fernando, Pampanga
General Services Unit (GSU) Healthline (045) 963-0299

## PURCHASE ORDER

Supplier: POWERSCAN COMPUTER 8 Address:	BYSTEM AND GENERAL MERCHANDISE P.O. No.: 1	19-003
Tel/Fax No.;	ity of San Fernando (P) Date: F	February 12, 2019
Supplier Registered with:	Term of Payment:	15 DAYS
PHILHEALTH	Mode of Procurement:	Small Value Procurement

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

L AMOUNT	UNIT PRICE	ITEM / DESCRIPTION	TINU	QTY,	NO.
-		Collared shirt for PhilHealth Forward Team - Small		100	
30,504.00	328.00	Small / Medium / Large / XL	pcs	93	1
2,436.00	348.00	2XL / 3XL/4XL	pcs	7	2
		************Nothing Follows**********************************			
<b></b>		Nothing Follows			
		MATERIAL CONTRACTOR CO			
1P 32,940.00		1			
	TOTAL AMT.	; ዋዲ ሃል. 2019-ዊጸህ-001			

## 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.

OF SUPPLIER/ REPRESENTATIVE

- 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,

EVELYN E, OCAMPO PRO3 SBAC - Head

APPROVED PHP 32,940.00 Funds available in the amount of Certified Budget Available: LEONIDAS A LUMBA ELIZABETH S. FERNANDEZ, M.D. c. co Acting Vice President PRO III AO IV/OIC Fund Atunagement Section TC 111 / Comptrollership Unit Within the COB Expense Code. 1-01-0 Budget: Remarks CONFORME: Melliza DATE RECEIVED COPY OF P.O. SIGNATURE OVER PRINTED NAME