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:	ADM CATERING SERVICES	P.O. No.: 19-004
Address:	City of San Fernando (P)	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	100	pax	Lunch PhilHealth Forward	325.00	32,500.00
2	400	pax	PM snacks PhilHealth Forward	195.00	78,000.00
3	130	pax	Dinner (Press Conference) PhilHealth Forward	350.00	45,500.00

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			PR No. 2019-PAU-003	TOTAL AMT.	PHP 156,000.00

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.

OF SUPPLIERX 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,

PRO3 SBAC - Head

Certified Budget Available:	Funds available in the amount of	/ PHP 156,000.00	APPROVED
EVELYN C. CO FC 111 / Comptrollership Unit	LEONIDAS A/KL 30 IV/01C Fund Hanag		ELIZABETH S. FERNANDEZ, M.D. Acting Vice President PRO III
Within the COB: 4019 Expense Code: 7.02-49-5109 Budget. Remarks:	}		
CONFORME: Asungan Fou	4 (m)0],		2
SICNATURE DIER PRIMTED NAME		DATE RECEIVED COPY OF P.O.	