SURANCE CORPORATION
EALTH INSURANCE OFFICE III
Bldg., Lazatin Blvd., San Agustin
City of San Fernando, Pampanga
General Services Unit (GSU) Healthline (045) [illegible]

PURCHASE ORDER

Supplier: **MIN'S KITCHENETTE** P.O. No.: **19-010**

Address: [illegible], Floridablanca, Pampanga Date: February 28, 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	2,835	pack	Meals (snacks for the ALAGA Ka - LHIO Angeles)	50.00	141,750.00
			***************Nothing Follows***************		
			PR No. [illegible]		
			PR No. [illegible]	TOTAL AMT	PHP 141,750.00

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,

EVELYN E. OCAMPO
PROS SBAC - Head

Certified Budget Available:	Funds available in the amount of PHP 141,750.00	APPROVED
EVELYN C. CO *FC III / Comptrollership Unit*	**LEONIDAS A. LUMBA** *AO V / OIC Fund Management Section*	**ELIZABETH S. FERNANDEZ, M.D.** *Acting Vice President PRO III*
Within the COB: 19 2019 Expense Code: [illegible] Budget: Remarks:		

CONFORME:

VIRGINIA M. TUNGOL

SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE

DATE RECEIVED COPY OF P.O.