

Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 REGIONAL HEALTH INSURANCE OFFICE III  
 PhilHealth Bldg., Lazatin Blvd., San Agustín,  
 City of San Fernando, Pampanga  
 General Services Unit (GSU) Healthline (045) 963-0299

## PURCHASE ORDER

Supplier: **DMD PURIFIED DRINKING WATER** P.O. No.: **19-014**  
 Address: East BajarBajac, Olongapo City Date: **March 5, 2019**  
 Tel./ Fax No.: \_\_\_\_\_ Term of Payment: **15 DAYS**  
 Supplier Registered with: PHILHEALTH Mode of Procurement: **Small Value Procurement**

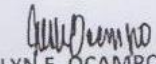
Please deliver to this Office within **15 working days** from receipt hereof:



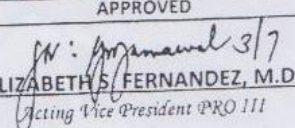
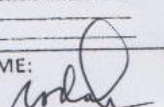
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	384	con/ bot	Drinking Water	35.00	13,440.00
			*****Nothing Follows*****		
PR No. 19-012-OC				TOTAL AMT.	PHP 13,440.00

**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**  
 PROJ SBAC - Head

Certified Budget Available: <div style="text-align: center;">   <b>EVELYN E. CO</b>          AC III / Comptrollership Unit          cy 2019       </div>	Funds available in the amount of <b>PHP 13,440.00</b> <div style="text-align: center;">   <b>LEONIDAS A. LUMBA</b>          AO IV / OIC Fund Management Section       </div>	APPROVED <div style="text-align: center;">   <b>ELIZABETH S. FERNANDEZ, M.D.</b>          Acting Vice President PRO III       </div>
Within the COB Expense Code: <u>502 030 1001</u> Budget Remarks		
CONFORME: <div style="text-align: center;">   <b>ELEANOR DAO</b>          SIGNATURE OVER PRINTED NAME          OF SUPPLIER/ REPRESENTATIVE       </div> <div style="text-align: right;">         Mar. 11, 2019          DATE RECEIVED COPY OF P.O.       </div>		