

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: **DAYTAO'S NATIVE CAKE** P.O. No.: **19-015**
 Address: Sto. Cristo, Tarlac 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 :



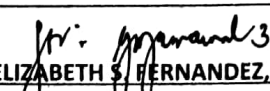

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5,670	packs	Meals ALAGA Ka - LHIO Tarlac	50.00	283,500.00
			*****Nothing Follows*****		
PR No. 19-02-001				TOTAL AMT.	PHP 283,500.00

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: <div style="text-align: center;">  EVELYN E. OCAMPO FC III / Comptrollership Unit </div>	Funds available in the amount of PHP 283,500.00 <div style="text-align: center;">  LEONIDAS A. LUMBA AO IV/ OIC Fund Management Section </div>	APPROVED <div style="text-align: center;">  ELIZABETH S. HERNANDEZ, M.D. Acting Vice President PRO III </div>
Within the COB: <u>Q3 2019</u> Expense Code: <u>152 999 01002</u> Budget: <u>Alagha - mpe</u> Remarks: _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CONFORME: <div style="text-align: center;">  EVELYN D. DAYTAO SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE </div> </div> <div style="width: 45%; text-align: right;"> DATE RECEIVED COPY OF P.O. </div> </div>		