

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

PURCHASE ORDER


Supplier: **ORCHIDS BOOKSTORE** P.O. No.: **19-022**
 Address: Sto. Rosendo, Angeles City Date: **March 11, 2019**
 Tel./Fax No: 045-409-0230 Term of Payment: **15 DAYS**
 Supplier Registered with: PHILHEALTH Mode of Procurement: **Small Value Procurement**

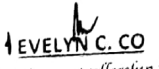
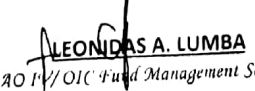


Please deliver to this Office within **15 working days** from receipt hereof

NO	QTY	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	pcs	Self-inking Stamp, Trodat Printy, 4911 with rubber inscription	403.20	4,032.00
2	10	pcs	Self-inking Stamp, Trodat Printy, 5460 with rubber inscription	1,687.50	16,875.00
			*****Nothing Follows*****		
RJ-2019-028				TOTAL AMT.	PHP 20,907.00

- 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
 (PRO SBAC - Head)

Certified Budget Available: <div style="text-align: center;">  EVELYN C. CO AO III - Comptrollership Unit </div>	Funds available in the amount of PHP 20,907.00 <div style="text-align: center;">  LEONIDAS A. LUMBA AO I-IV/OIC Fund Management Section </div>	APPROVED <div style="text-align: center;">  ELIZABETH S. FERNANDEZ, M.D. Acting Vice President PRO III </div>
With the COB _____ Expense Code _____ Budget _____ Remarks _____		
<div style="display: flex; justify-content: space-between;"> <div> CONFORME:  Lydia P. Sa SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE </div> <div> DATE RECEIVED COPY OF P.O. </div> </div>		