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) Telefax (045) 963-0298

PURCHASE ORDER

Supplier: **SC FOODS CORPORATION**
Address: Olongapo City
Tel./Fax No.: 045 609-0230
Supplier Registered with: PHILHEALTH

P.O. No.: **19-024**
Date: March 11, 2019
Term of Payment: 15 DAYS
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	1,890	pcs	Snacks (ALAGA Ka-LHIO Olongapo)	50.00	94,500.00
			****************Nothing Follows****************		
			19-024-OC	TOTAL AMT.	PHP 94,500.00

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
PRO3 SBAC - Head

Certified Budget Available:	Funds available in the amount of PHP 94,500.00	APPROVED
EVELYN C. CO *FC III / Comptrollership Unit* Within the COB: CY 2019 Expense Code: [illegible] Budget: ____ Remarks: ____	**LEONIDAS A. LUMBA** *AO IV/ OIC Fund Management Section*	3/14 **ELIZABETH S. FERNANDEZ, M.D.** *Acting Vice President PRO III*

CONFORME:

[illegible]
SIGNATURE OVER PRINTED NAME
OF SUPPLIER REPRESENTATIVE

DATE RECEIVED COPY OF P.O.