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*

P U R C H A S E   O R D E R

Supplier: **CHRISTAL CLEAR WATER STATION**

Address:

Tel / Fax No.: Paombong, Bulacan

Supplier Registered with: PHILHEALTH

P.O. No.: **19-025**

Date: March 11, 2019

Term of Payment: 15 DAYS

Mode of Procurement: Small Value Procurement

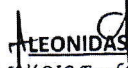Please deliver to this Office within **15 working days** from receipt hereof :

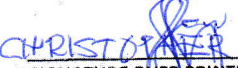| NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	480	container	Purified Drinking Water - LHIO Malolos	34.00	16,320.00
			***************Nothing Follows***************		
			19-LHIOMAL-01	TOTAL AMT.	**PHP 16,320.00**

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 16,320.00	APPROVED
EVELYN L. CO FC III / Comptrollership Unit	**LEONIDAS A. LUMBA** *AO IV/ OIC Fund Management Section*	**ELIZABETH S. FERNANDEZ, M.D.** *Acting Vice President PRO III* 3/1f

Within the COB: CY 2019
Expense Code: 5-02-030-001
Budget:
Remarks:

CONFORME:

CHRISTOPHER CAPARAS
SIGNATURE OVER PRINTED NAME
OF SUPPLIER/ REPRESENTATIVE

3·15·19
DATE RECEIVED COPY OF P.O.