

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: **JAGOR TRADING** P.O. No.: **19-028**  
 Address: **Paombong, Bulacan** Date: **March 11, 2019**  
 Tel./ Fax No.: **PHILHEALTH** 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	36	pcs	Lead Bulb 46 watts	595.00	21,420.00
2	20	pcs	Double Casing with Lead Bulb 36 watts	2,295.00	45,900.00
			*****Nothing Follows*****		
19-004-BATASAN				TOTAL AMT.	PHP 67,320.00

**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

<b>Certified Budget Available:</b>  <div style="text-align: center;">   <b>EVELYN C. CO</b>          HC III / Comptrollership Unit       </div>	<b>Funds available in the amount of</b> <span style="float: right;"><b>PHP 67,320.00</b></span>  <div style="text-align: center;">   <b>LEONIDAS A. LUMBA</b>          AO IV / OIC Fund Management Section       </div>	<b>APPROVED</b>  <div style="text-align: center;">   <b>ELIZABETH S. FERNANDEZ, M.D.</b>          Acting Vice President PRO III       </div>
Within the COB _____ Expense Code _____ Budget _____ Remarks _____		
<div style="display: flex; justify-content: space-between;"> <div> <b>CONFORME:</b>     <b>SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE</b> </div> <div style="text-align: right;">   <b>DATE RECEIVED COPY OF P.O.</b> </div> </div>		