## PHILIPPINE HEALTH INSURANCE CORPORATION REGIONAL HEALTH INSURANCE OFFICE III

PhilHealth Bidg., Lazatin Bivd., San Agustin, City of San Fernando, Pampanga General Services Unit (GSU) *Healthline (045) 963-0299* 

## PURCHASE ORDER

Supplier:	ORCHIDS BOOKSTORE	P.O. No.: 19-033
Address:	Sto. Rosario, Angeles City	Date: March 19, 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	20	pcs	DATER MACHINE, self inking stamp (received date)	400.50	8,010.00
			*************Nothing Follows**********************************		
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					•
					•
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			R3-2019-027	TOTAL AMT.	PHP 8,010.00

## 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.

SIGNATURE OVER PRINTED NAME

OF SUPPLIER/ REPRESENTATIVE

- 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. OCAMP PRO3 SBAC - Head

Certified Budget Available:	Funds available in the amount of PHP 8,010.00	APPROVED	
Within the COB:  Expense Code:  Budget: Remarks:	LEONIDAS A. LUMBA  AO IV/OIC Fund Management Section	ELIZABETH S. FERNANDEZ, M.D. Acting Vice President PRO III	
CONFORME:  NAME W Frag	Ga.	3/29/19	

DATE RECEIVED COPY OF P.O.