

Supplier:

Address:

Tel/ Fax No.: _____

Supplier Registered with:

SOFILL WATER REFILLING STATION

City of San Fernando (P)

045-455-0085

PHILHEALTH

P.O. No.: 19-038

Date: March 26, 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	11,000	lot	Drinking Water- (Purified 5 liters/gallon (for PRO III use March to December 2019)	28.00	308,000.00
			*****Nothing Follows*****		-
			QJ-2019-049	TOTAL AMT.	PHP 308,000.00

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
PROJ SBAC - Head

Certified Budget Available:	Funds available in the amount of	PHP 308,000.00	APPROVED
<u>EVELYN C. CO</u> <i>FC III / Comptrollership Unit</i>	<u>LEONIDAS A. LUMBA</u> <i>AO IV/ OIC Fund Management Section</i>	<u>ELIZABETH S. FERNANDEZ, M.D.</u> <i>Acting Vice President PRO III</i>	
Within the COB: <u>2019</u> Expense Code: <u>5-02-03-01001</u> Budget _____ Remarks _____			

CONFORME:

**SIGNATURE OVER PRINTED NAME
OF SUPPLIER/ REPRESENTATIVE**

1/23/19
DATE RECEIVED COPY OF P.O.