## 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

upplier:		INAI	SA FOODS CORPORATION	P.O. No.:	19-043	LOTA
ddress:		Diversion Rd. Balanga City			March 26, 2019	OUTA
eli Fax N	0.:		Ten	m of Payment:	15 DAYS	ADDRESS
upplier Registered with:		PHILHE	ALTH Mode of	Procurement:	t: Small Value Procurement	
Р	Please deliver to	this Office within	n 15 working days_from receipt hereof :			KING BA
·		tins office within	13 Working days_nowrecespt needs.	UNIT	TOTAL AMOUNT	erhighwa
NO.	QTY.	UNIT	ITEM / DESCRIPTION	PRICE	TOTAL AMOUNT	ga City, B
1	25	pcs	Meals (RTD with RHUs and Treatment Centers)	100.00	2,500.00	124.00
			***********Nothing Follows**********************************			
						-
						Purpos
						1
		-				
						³R No.
				-		3 Unit:

- 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.

19-018-BATAAN

- 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,

TOTAL AMT.

EVELYN E. OCAMPO PRO3 SBAC - Head

PHP 2,500.00

³R No. 3 Unit: ment

4	Funds available in the amount of PHP 2,500.00	APPROVED	
Certified Budget Available:	Funds available in the unions of	100000000000000000000000000000000000000	
SEVELYN C. CO	AO IV/OIC Fund Management Section	EVIZABETH S. FERNANDEZ, M.D.  Acting Vice President PRO III	
Within the COB:  Expense Code:			
CONFORME		1pril 4. 2019	
SIGNATURE OVER PRINTED N OF SUPPLIER/ REPRESENTATI		DATE RECEIVED COPY OF P.O.	