

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: **INAISA FOODS CORPORATION** P.O. No.: **19-044**  
 Address: Diversion Rd, Balinga City Date: **March 26, 2019**  
 Tel / Fax No.: \_\_\_\_\_ 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 :


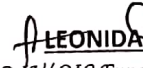
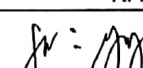
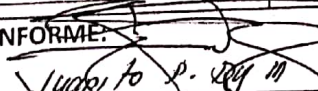
| NO.           | QTY. | UNIT | ITEM / DESCRIPTION                                    | UNIT PRICE | TOTAL AMOUNT         |
|---------------|------|------|---|------------|----------------------|
| 1             | 126  | pcs  | Meals (ALAGA Ka OFW Family Circle 2019) - LHIO Bataan | 135.00     | 17,010.00            |
|               |      |      | *****Nothing Follows*****                             |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
|               |      |      |   |            |                      |
| 19-017-BATAAN |      |      |   | TOTAL AMT. | <b>PHP 17,010.00</b> |

**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*  
**EVELYN E. OCAMPO**  
 PRO3 SBAC - Head

|  |  |   |
|--|--|---|
| <b>Certified Budget Available:</b><br><br><div style="text-align: center;"> <br/> <b>EVELYN C. CO</b><br/>                 FC III / Comptrollership Unit             </div> <div style="margin-top: 10px;">                 Within the COB: <u>2019</u><br/>                 Expense Code: <u>5-0299-0000</u><br/>                 Budget: _____<br/>                 Remarks: _____             </div> | <b>Funds available in the amount of</b> <span style="float: right;"><b>PHP 17,010.00</b></span><br><br><div style="text-align: center;"> <br/> <b>LEONIDAS A. LUMBA</b><br/>                 AO IV / OIC Fund Management Section             </div> | <b>APPROVED</b><br><br><div style="text-align: center;"> <br/> <b>ELIZABETH S. FERNANDEZ, M.D.</b><br/>                 Acting Vice President PRO III             </div> |
| <b>CONFORME:</b><br><br>SIGNATURE OVER PRINTED NAME   |  |   |
| <b>April 4, 2019</b><br>DATE RECEIVED COPY OF P.O.   |  |   |