Republic of the Philippines
PHILHEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
PhilHealth Bldg., Lazaro Blvd., San Agustin,
City of San Fernando, Pampanga
General Services Unit (GSU) Hotline (045) 963-0299

PURCHASE ORDER

Supplier: **MANAHAN CATERING SERVICES**
Address: Meycauayan
Tel./ Fax. No.:
Supplier Registered with: PHILHEALTH

P.O. No.: 19-046
Date: April 3, 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	88	pax	MEALS (pm snacks for the Conduct of UHC Orientation)	175.00	15,050.00
			**********Nothing Follows**********		
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			19-03-938	TOTAL AMT.	PHP 15,050.00

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
PRO3 SBAC - Head

Certified Budget Available:	Funds available in the amount of PHP 15,050.00	APPROVED
EVELYN C. CO JC III / Comptrollership Unit	LEONIDAS A. LUMBA AO IV/ OIC Fund Management Section	ELIZABETH S. FERNANDEZ, M.D. Acting Vice President PRO III
Within the COB 03 2019 Expense Code 5-02-9999-005 Budget: Remarks:		

CONFORME:
MIGDEVA MANAHAN
SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE

April 3, 2019
DATE RECEIVED COPY OF P.O.

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