

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

21-03-0549

PURCHASE ORDER

Supplier: **JHUD WATER REFILLING STATION** P.O. No.: **21-003**
 Address: **Purok 2 Bangkalings, Iba, Zambales** Date: **March 10, 2021**
 Tel./ Fax No.: **0961-5883548** 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	300	5 gallon round bottle	PURIFIED DRINKING WATER - LHIO IBA (March to December 2021)	30.00	9,000.00
			Free Delivery & Free Usage of 1 Unit Hot & Cold Water Dispenser Unit		
			*****Nothing Follows*****		
			21-014-IZ	TOTAL AMT.	PHP 9,000.00

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 FRIDAYS not later than 4 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
 PRO. SBAC - Head

Certified Budget Available:	Funds available in the amount of	PHP 9,000.00	APPROVED
<i>OK</i> EVELYN C. CO FC III / Comptrollership Unit	<i>LEONIDAS A. LUMBA</i> LEONIDAS A. LUMBA FC IV / Fund Management Section		<i>EDGARDO F. FAUSTINO</i> EDGARDO F. FAUSTINO Acting Vice President (PR) III
Within the COB <i>04 2021</i> Expense Code <i>100</i> Budget Remarks			
CONFORME: <i>JHMDIEL S. DAGSAAN</i> JHMDIEL S. DAGSAAN SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		<i>March 29, 2021</i> DATE RECEIVED COPY OF P.O.	