

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 **DMD PURIFIED DRINKING WATER** P.O. No.: **21-006**
 Address **23 20th Cor Graham East Bypass Bypass, Olongapo City** Date: **March 30, 2021**
 Tel./ Fax No.: **0472232047** Term of Payment: **15 DAYS**
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

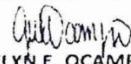
Please deliver to this Office within **15 working days** from receipt hereof :

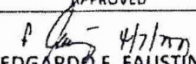
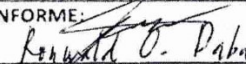
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	432	5 gallon round bottle	PURIFIED DRINKING WATER - LHIO OLONGAPO (March to December 2021)	35.00	15,120.00
			Free Usage of 2 sets Hot and Cold Water Dispenser for the entire duration of the contract		
			*****Nothing Follows*****		
			PR # 21-007-OC	TOTAL AMT.	PHP 15,120.00

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 delay 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
- Must be compliant with attached the Technical Specification
- Delivery shall be made only on MONDAYS to FRIDAYS not later than 4 P.M. except for emergency cases wherein prior to notification in such cases shall be given by this office

Very truly yours,


EVELYN E. OCAMPO
 PRO3 SBAC - Head

Certified Budget Available: EVELYN C. CO FC III / Comptrollership Unit	Funds available in the amount of PHP 15,120.00 ## LEONIDAS A. LUMBA FC IV / Fund Management Section	APPROVED  EDGARDO F. FAUSTINO Acting Vice President PRO III
Within the COB <u>CY 2021</u> Expense Code <u>Reg. or Office Supplies</u> Budget _____ Remarks _____		
CONFORME:  SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		DATE RECEIVED COPY OF P.O.