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:   |  | SOFILL  | WATER REFILLING STATION  | P.O. No.: 2  | 21-007                               |
|---|--|---|--|--|--------------------------------------|
| Address:  |  |   | #49 Violeta St., Pillar Village, CSFP  |  | April 26, 2021                       |
| Tel./ Fax No.:  |  |   |  |  | 5 DAYS                               |
| Supplier Registered with: PHILI   |  | PHILHE  | ALTH Mode of   | Procurement: S   | mall Value Procurement               |
| Ple   | ease deliver to t  | this Office within <u>1</u>   | 5 working days_from receipt hereof:  |  |                                      |
| NO.   | QTY.   | UNIT  | ITEM / DESCRIPTION   | UNIT<br>PRICE  | TOTAL AMOUNT                         |
| 1   | 13,014   | 5 gallon round<br>bottle  | PURIFIED DRINKING WATER -<br>PRO III and WAREHOUSE BLDG<br>(March to December 2021)        | 28.00  | 364,392.00                           |
|   |  |   | Free Usage of 16 sets Hot and Cold Water Dispenser for the entire duration of the contract |  |                                      |
|   |  |   | Delivery time is every 8AM, Monday to Friday   |  |                                      |
|   |  |   | ***********Nothing Follows**********************************                               |  |                                      |
|   |  |   |  |  |                                      |
|   |  |   |  |  |                                      |
|   |  |   |  |  |                                      |
|   |  |   |  | TOTAL ANAT   | DUD 264 202 00                       |
|   |  |   | R3-2021-02-015   | TOTAL AMT.   | PHP 364,392.00                       |
| the dela<br>2. Render<br>3. If the d<br>date of<br>4. For imp<br>and tax<br>5. Deliver      | ay as liquidated<br>your bills in tri<br>late of receipts<br>approval.<br>ported items, IN<br>receipts, shoul<br>y shall be made | I damages. plicate copies incl of this Purchase C MPORTATION DOC Id be submitted by | /S to FRIDAYS at 8AM. except for emergency cases wherein prio<br>by this office.           | teived within 15<br>the equipment p<br>or<br>Very truly your<br>EVEL | working days from the.               |
| Certified Budget Available:   |  |   | Funds available in the amount of PHP 364,392.00  |  | AMP BOVED                            |
| EVELYN C. CO  FC III / Comptrollership Unit  Within the COB: Expense Code: Budget: Remarks: |  |   | LEONIDAS ALUMBA  FC IV / Fund Magement Section   |  | DO F. FAUSTINO ice President PRO III |
|   |  | VER PRINTED NAN<br>REPRESENTATIVE   | TE TO THE  | J 17<br>DATE RECEIVED  | O COPY OF P.O.                       |