Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION REGIONAL HEALTH INSURANCE OFFICE 11 Philhealth Bidg, Lazalin Bidd, San Agustin, Chy of San Formando, Pannaparga General Services Unit (GSU) Healthline (035) 963-0259

21-06-0845

PURCHASE ORDER

Supplier:	QUALISAFE 2402 REFILLING STATION	P.O. No.: 21-022
Address:	Zone 2 Pinilisan San Jose City , Hueva Scija	Date: June 21, 2021
Tel/ Fax No.:	0977230058915 Term	of Payment: 15 DAYS
Supplier Registered with:	PHUHEALTH Mode of F	Procurement: Small Value Procurement

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

NO. 1	QTY. 56	UNIT 5 gallon round bottle	ITEM / DESCRIPTION PURIFIED DRINKING WATER SAN JOSE CITY EXPRESS OFFICE (June to December 2021)	UNIT PRICE 30.00	TOTAL AMOUNT 1,680.00
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			2021-003-Caś	TOTAL AMT.	PHP 1,680.00

Conditions:

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 the purchase date is in the serial in the serial provided by the supplier.

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 and tax receipts, should be submitted by the supplier.
 Delivery shall be made only on MONDAYS to FRIDAYS at BAM. except for notification in such cases shall be given by this office. rein prior

EVELYN E. OCAMPO PROJ SPAC - Head Certified Budget Available: PHP 1,680.00 Funds available in the amount of WOVED EVELYN C. CO Arm. LEONIDAS A LUMBA EDGARDO F. FAUSTINO Acting Vice President PRO III FC III / Comptrollership Unit FC IV / Fund Mag gement Section Within the COB: <u>04</u> 707 Expense Code: ______ Budget: Sonia V. Soriano June 30,2021 SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE DATE RECEIVED COPY OF P.O.