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*

22 - 63-1461

PURCHASE ORDER

Supplier: **QUALISAFE 2402 WATER REFILLING STATION** P.O. No.: **22-019**
Address: ZONE 2, PINILI, SAN JOSE CITY Date:
Tel./ Fax No.: 09772305915 Term of Payment: 15 DAYS
Supplier Registered with: PHILHEALTH Mode of Procurement: Shopping

Please deliver to Office concerned from March to December 2022

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	88	5 gal. round ctr.	Purified Drinking Water for San Jose City Express for the period of March – December 2022 with technical specifications as follows: 1. Pass the latest Microbiological test of raw and product as of January 2022 2. Pass the latest Physical Chemical test of raw and product as of January 2022 3. Free usage of 1 unit Hot and Cold water dispenser for the entire duration of contract on top of the existing 1 unit from the office 4. Delivery time is every 9:00am every Monday to Friday 5. Duration of the contract is from March to December 2022	30.00	2,640.00
			***************Nothing Follows***************		
			AOC-G-2022-019		
			2022-010-CAB	TOTAL AMT.	**PHP 2,640.00**

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. The conformed Technical Specifications and/or Terms of Reference (attached hereto) by the winning bidder shall form part of this Puchase Order.
4. Guided by the "No Gift Policy" of PhilHealth.

Very truly yours,

EVELYN E. OCAMPO
PRO3 SBAC - Head

Certified Budget Available:	*Funds available in the amount of* PHP 2,640.00	APPROVED
LILIBETH P. POLINTAN 3/21/22 *Budget officer*	LEONIDAS A. LUMBA 3/21/2022 *FC IV / Fund Management Section*	EDGARDO F. FAUSTINO *Acting Vice President PRO III*
Within the COB: 2022 Expense Code: 50203010 001 Budget: 2,640.00 Remarks:		

CONFORME:

SONIA V. SORIANO
SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE

4-4-22
DATE RECEIVED COPY OF P.O.