

PURCHASE ORDER
Philhealth Regional Office 02

Supplier : Adilynne's Gen. Mdse.
Address : 36 A. Bonifacio St., Tuguegarao City
TIN : 102-203-746-000
Mode of Procurement: Shopping

P.O. No. : 12-07-0037
Date : 07/10/2012
P.R. No : _____
Date : _____

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: The Builders Place, Del Rosario St., Tuguegarao City
Date of Delivery : _____

Delivery Term : 3
Payment Term: Credit

Stock Number	Unit	Description	Qty	Unit Cost	Amount
B0222	Piece	BALLPEN, with chain, black	100	14.000	1,400.00
B0021	Piece	BALLPOINT PEN, GEL TYPE, green	360	15.800	5,688.00
B0273	Piece	BALLPOINT PEN, GEL TYPE, pink	120	15.800	1,896.00
B0023	Piece	BALLPOINT PEN, GEL TYPE, violet	360	15.800	5,688.00
H0066	Can	CAR FRESHENER, asstd. california scent, <i>glad floral</i>	36	167.000	6,012.00
B0274	Piece	COLUMNAR NOTEBOOK, 4 columns, 55 gsm.	6	19.000	114.00
B0183	Piece	FOLDER, pressboard, w/metal tab, for LEGAL size paper/document	300	8.800	2,640.00
H0009	Bottle	GLASS CLEANER, with spray	30	119.000	3,570.00
B0090	Bottle	INK, for permanent marking pen, black	10	66.000	660.00
B0125	Box	PAPER FASTENER, metal with plastic coating	20	19.000	380.00
B0126	Jar	PASTE, solid, with applicator, 200g	20	23.000	460.00
B0345	Box	RUBBER BAND, small	20	5.250	105.00
H0035	Pack	SCOURING PAD, economy size, color green	6	36.000	216.00
C0105	Unit	STAMPING MACHINE, self inking	16	180.000	2,880.00

(Total Amount in Words)*** Thirty One Thousand Seven Hundred Nine Pesos *** 31,709.00

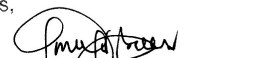
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed. Render your bills in triplicate copies including the original. If the date of receipt of the PO by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the PO. For imported items, IMPORTANT DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased and the tax receipts should be submitted by the supplier.

CONFIRM:


(Signature over Printed Name of Supplier)

NO. 36 BONIFACIO ST.
TUG. CITY TEL. 844-1191

☒ Very truly yours,


LOVELYN B. SABBAN
Division Chief IV - MSD

APPROVED BY:


OSCAR B. ABADU, JR.
Regional Vice President

☒ Funds Available:


KELLY MAE D. CALIMAG
Fiscal Controller III

ALOBS No.: _____

Amount : _____

