

**PURCHASE ORDER**  
Philhealth Regional Office 02

Supplier : Imperial House

Address : 13-A Mabini St., Tuguegarao City

TIN : 102-203-047-000

Mode of Procurement: Shopping

P.O. No. : 12-07-0038

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
H0001	Piece	BROOM, soft, tambo, wooden or rattan handle, standard size	12	97.750	1,173.00
B0334	Piece	CASH BOOK, hardbound, General Form No. 104	20	340.000	6,800.00
C0005	Unit	CASH BOX, 6" x 4" x 2"	2	354.000	708.00
H0059	Bottle	CHLOROX, 1 liter	24	28.500	684.00
E0006	Box	COMPUTER CONTINUOUS FORM, 11" x 10-5/8", 2 ply, plain, 70 gsm	50	945.000	47,250.00
B0285	Piece	CORRECTION PEN, water based - <i>retouch</i>	24	11.500	276.00
B0099	Set	MARKING PEN, fluorescent, assorted colors, 3 colors per set	36	34.000	1,224.00
B0124	Box	PAPER FASTENER, metal 8-10 inches	20	75.000	1,500.00

(Total Amount in Words)\*\*\* Fifty Nine Thousand Six Hundred Fifteen Pesos \*\*\*

**59,615.00**

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.

CONFORME:

PROSPERO C. CASTILLO

(Signature over Printed Name of Supplier) *5/13*

A Very truly yours,

LOVELYN B. SABBAN  
Division Chief IV - MSD *Sabban*

B

APPROVED BY:

OSCAR B. ABADU, JR.  
Regional Vice President

C Funds Available:

LILIA C. QUINTO  
Fiscal Controller IV - FMS

ALOBS No.: \_\_\_\_\_

Amount : \_\_\_\_\_