

PURCHASE ORDER
Philhealth Regional Office 02

Supplier : Tuguegarao LB Mart
Address : A. Bonifacio St., Tuguegarao City
TIN : 102-201-326-000
Mode of Procurement: Shopping

P.O. No. : 12-07-0039
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
T0004	Piece	FLUORESCENT TUBE, 40 watts, 220 volts	20	68.000	1,360.00
B0219	Piece	FOLDER, sliding, transparent, LONG	48	4.200	201.60
H0014	Bottle	MURIATIC ACID, 1 liter	36	30.000	1,080.00
B0178	Piece	RING BOOK BINDER, 1" X 44"	20	23.000	460.00
B0711	Piece	RING BOOK BINDER, 5" x 44"	20	40.000	800.00
B0152	Box	STAPLE WIRE, standard, #10, 5000s/bxs.	30	3.250	97.50

(Total Amount in Words)*** Three Thousand Nine Hundred Ninety Nine & 10/100 Pesos *** **3,999.10**

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:

(Signature over Printed Name of Supplier)

A Very truly yours,

LOVELYN B. SABBAN
Division Chief IV - MSD

B

APPROVED BY:

OSCAR B. ABADU, JR.
Regional Vice President

C Funds Available:

KELLY MAE D. CALIMAG
Fiscal Controller III

ALOBS No.: _____
Amount : _____