

PURCHASE ORDER
Philhealth Regional Office 02

Supplier : <u>Balzain Auto Parts Center</u>	P.O. No. : <u>12-07-0046</u>
Address : <u>138 Balzain Highway, Tuguegarao City</u>	Date : <u>07/16/2012</u>
TIN : <u>001-022-047-395</u>	P.R. No : _____
Mode of Procurement: <u>Shopping</u>	Date : _____

Gentlemen:

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

Place of Delivery: <u>The Builders Place, Del Rosario St., Tuguegarao City</u>	Delivery Term : <u>1</u>
Date of Delivery : _____	Payment Term: <u>Credit</u>

Stock Number	Unit	Description	Qty	Unit Cost	Amount
K0002	Unit	TIRE, Isuzu Highlander (Crosswind), 205 x 65 x 15 rim	2	5,450.000	10,900.00

(Total Amount in Words)*** Ten Thousand Nine Hundred Pesos ***	10,900.00
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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.

CONFIRME
BALZAIN AUTO PARTS CENTER
138 Edzaina Highway, Tuguegarao City
(Signature over Printed Name of Supplier)
Tel. (078) 844-3622
Fax (078) 844-3622

☒ A Very truly yours,

for: Sun B. Sabban
LOVELYN B. SABBAN
Division Chief IV - MSD

☒ B

APPROVED BY:

for: Oscar B. Abadu, Jr.
OSCAR B. ABADU, JR.
Regional Vice President

☒ C Funds Available:

Kelly Mae D. Calimag
KELLY MAE D. CALIMAG
Fiscal Controller III

ALOBS No.: _____
Amount : _____