

**PURCHASE ORDER**

Philhealth Regional Office 02

<b>Supplier:</b> <u>Shamrock Drugstore</u>	<b>PO NO. :</b> <u>12-07-0047</u>
<b>Address:</b> <u>EBJ Building, Maharlika Highway, Carig, Tuguegarao City</u>	<b>Date :</b> <u>7/23/2012</u>
<b>TIN:</b> <u>216-491-334-000</u>	<b>P. R. NO:</b> _____
<b>Mode of Procurement:</b> <u>Shopping</u>	<b>Date :</b> _____



Gentlemen:

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

<b>Place of Delivery:</b> <u>The Builder's Place, Del Rosario St., Tug. City</u>	<b>Delivery Term:</b> <u>3 days</u>
<b>Date of Delivery:</b> _____	<b>Payment Term:</b> <u>credit</u>

Stock #	Unit	Description	Qty	Unit Cost	Amount
U0451	units	MEDICAL EQUIPMENT, Sphygmomanometer, Aneroid or Digital	5	1,750.00	8,750.00
U0452	units	MEDICAL EQUIPMENT, Stethoscope	5		
		Note: P1,750.00/set			-
(Total Amount in Words) <b>Eight Thousand Seven Hundred Fifty Pesos.</b>					<b>8,750.00</b>

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.

<b>CONFORME:</b>  (Signature over Printed Name of Supplier)	Very truly yours,  <b>LOVELYN B. SABBAN</b> Division Chief IV
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**APPROVED BY:**  
**OSCAR B. ABADU, JR.**  
Regional Vice President

<b>Funds Available:</b>  <b>LILIA C. QUINTO</b> Fiscal Controller IV	<b>ALOBS NO:</b> _____ <b>Amount:</b> _____
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