

PURCHASE ORDER

Philhealth Regional Office 02

Supplier : Lighthouse Cooperative

Address : # 39 Luna Corner Taft Sts., Tug. City

TIN : 056-640-246-000

Mode of Procurement: Shopping

P.O. No. : 12-07-0048

Date : 07/23/2012

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

Delivery Term : 3

Date of Delivery : _____

Payment Term: Credit

Stock Number	Unit	Description	Qty	Unit Cost	Amount
C0146	Unit	COFFEE TABLE, Softwood	5	3,200.000	16,000.00

(Total Amount in Words)*** Sixteen Thousand Pesos ***

16,000.00

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:

(Signature over Printed Name of Supplier)

☒ 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 : _____