

**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. :** 12-09-0065

**Date :** 09/06/2012

**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 :** 5

**Date of Delivery :**

**Payment Term:** Credit

Stock Number	Unit	Description	Qty	Unit Cost	Amount
L0115	Unit	FILING CABINET, steel, 4 drawers, gauge#20, wrinkled gray finish - <i>Diamond</i>	8	8,000.000	64,000.00

(Total Amount in Words)\*\*\* Sixty Four Thousand Pesos \*\*\*

**64,000.00**

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  
Lighthouse Cooperative  
HOME & OFFICE FURNITURE  
RUMBLE LUGGAGE  
(Signature over Printed Name of Supplier)  
ALMA ARCADE  
1ST STREET IS, TUGUEGARAO CITY  
TEL/FAX No. 646-16-27/246 62 541044-45

9-7-12

A Very truly yours,

*LOVELYN B. SABBAN*  
Division Chief IV - MSD

B

APPROVED BY:

*Maileen Barolong*

**OSCAR B. ABADU, JR.**  
Regional Vice President

C Funds Available:

*LILIA C. QUINTO*  
**LILIA C. QUINTO**  
Fiscal Controller IV - FMS

OBJECT OF EXPENDITURES

AMOUNT

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |