

PURCHASE ORDER
Philhealth Regional Office 02

Supplier : <u>APC Car Care Center</u>	P.O. No. : <u>12-09-0074</u>
Address : <u>67 Rizal St., Tuguegarao City</u>	Date : <u>09/17/2012</u>
TIN : <u>922-894-364-000</u>	P.R. No : <u>10037</u>
Mode of Procurement: <u>Shopping</u>	Date : <u>09/21/12</u>

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>3</u>
Date of Delivery : <u>09/21/12</u>	Payment Term: <u>Credit</u>

Stock Number	Unit	Description	Qty	Unit Cost	Amount
K0005	Unit	TIRE, Nissan Frontier, 195 x 14 rim x 8 ply	4	5,950.000	23,800.00

(Total Amount in Words)*** Twenty Three Thousand Eight Hundred Pesos ***	23,800.00
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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.

CONFORME: *CPW*
APC CAR CARE CENTER
67 Rizal St. Tuguegarao City
(Signature over Printed Name of Supplier)

☒ Very truly yours,

for: Sam B. Friarico
LOVELYN B. SABBAN
Division Chief IV - MSD *Sabban*

☒ B

APPROVED BY:

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

OBJECT OF EXPENDITURES	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____