

PURCHASE ORDER
Philhealth Regional Office 02

Supplier : DIWA PRINTING PRESS

Address : Diwa Bldg., College Avenue, Caritan, Tuguegarao

TIN : 000-102-202-407

Mode of Procurement: Shopping

P.O. No. : 12-11-0093

Date : 11/29/2012

P.R. No. : 11669

Date : 12/03/12

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 : 12/03/12

Payment Term: Credit

Stock Number	Unit	Description	Qty	Unit Cost	Amount
B0720	Ream	REGISTRATION FORM, colored	6	1,200.000	7,200.00

(Total Amount in Words)*** Seven Thousand Two Hundred Pesos ***

7,200.00

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:

☒ A Very truly yours,

DIWA PRINTING PRESS
(Signature over Printed Name of Supplier)

for: *[Signature]*
LOVELYN B. SABBAN
Division Chief IV - MSD

☐ B

APPROVED BY:

[Signature]
OSCAR B. ABADU, JR.
Regional Vice President

☒ C Funds Available:

[Signature]
KELLY MAE D. CALIMAG
Fiscal Controller III

OBJECT OF EXPENDITURES

AMOUNT

1. _____
2. _____
3. _____