

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. : 12-12-0102

Date : 12/13/2012

P.R. No. : 11668

Date : 12/13/12

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

Date of Delivery : 12/13/12

Delivery Term : 7

Payment Term: Credit


Stock Number	Unit	Description	Qty	Unit Cost	Amount
B0730	Ream	CHECK REPLACEMENT FORM, A4 size	5	472.000	2,360.00
B0721	Ream	CLAIM FORM 1, Legal size, back-to-back print	100	412.000	41,200.00
B0722	Ream	CLAIM FORM 2, Legal size, back-to-back print	10	472.000	4,720.00
B0723	Ream	CLAIM FORM 3, Legal size, back-to-back print	10	472.000	4,720.00
B0728	Ream	CUSTOMER FEEDBACK FORM, A4 size	5	472.000	2,360.00
B0718	Ream	DOCUMENT MONITORING SLIP, (DMS), A4 size	5	472.000	2,360.00
B0726	Ream	ER1, EMPLOYERS DATA RECORD, A4 size	10	472.000	4,720.00
B0727	Ream	ER2, REPORT OF EMPLOYEE MEMBER, A4 size	60	415.000	24,900.00
B0724	Ream	PAYMENT SLIP, Legal size	100	412.000	41,200.00
B0729	Ream	PHILHEALTH CARES FORM 1, A4 size	15	472.000	7,080.00
B0715	Ream	PHILHEALTH MEMBER REG. FORM, (PMRF), A4 size, back-to-back print	500	315.000	157,500.00
B0725	Ream	RF1, EMPLOYERS REMITTANCE REPORT FORM, Legal size, back-to-back	100	412.000	41,200.00

(Total Amount in Words)*** Three Hundred Thirty Four Thousand Three Hundred Twenty Pesos ***

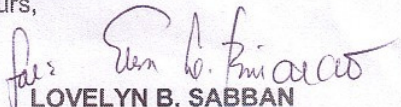
334,320.00

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:


DIWA PRINTING PRESS
DIWA BLDG COLLEGE AVENUE CARITAN TUGUEGARAO CITY
(Signature over Printed Name of Supplier)

A Very truly yours,

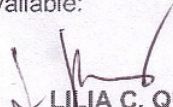

LOVELYN B. SABBAN
Division Chief IV - MSD

B

APPROVED BY:


OSCAR B. ABADU, JR.
Regional Vice President

C Funds Available:


LILIA C. QUINTO
Fiscal Controller IV - FMS

OBJECT OF EXPENDITURES

AMOUNT

1. _____
2. _____
3. _____