

**PURCHASE ORDER**  
**Philhealth Regional Office 02**

**Supplier :** MANUEL TIQUE SHOP

**Address :** CABAGAN, ISABELA

**TIN :** - -

**Mode of Procurement:** Negotiated Purchase

**P.O. No. :** 12-12-0106

**Date :** 12/19/2012

**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., Tuquegarao City

**Date of Delivery :** \_\_\_\_\_

**Delivery Term :** 3

**Payment Term:** Credit

Stock Number	Unit	Description	Qty	Unit Cost	Amount
L0122	set	CONFERENCE TABLE, 8 seaters	1	18,000.000	18,000.00
L0141	unit	CONFERENCE TABLE, wood, 10-16 seaters, rectangular	1	37,000.000	37,000.00

(Total Amount in Words)\*\*\* Fifty Five Thousand Pesos \*\*\*

**55,000.00**

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: *Manuel Tique*  
*Manuel Tique*

(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:

*Lilia C. QUINTO*  
Fiscal Controller IV - FMS

OBJECT OF EXPENDITURES

AMOUNT

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_