

PURCHASE ORDER

Philhealth Regional Office 02


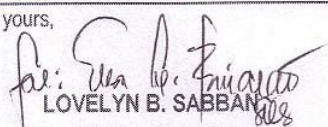
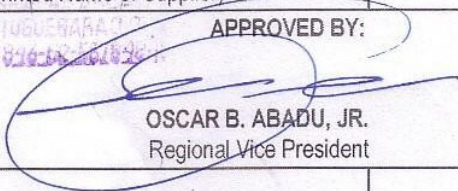
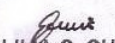
Supplier:	Lighthouse Cooperative	PO NO. :	<u>12-12-0111</u>
Address:	# 39 Luna Corner Taft Sts., Tug. City	Date :	<u>12-28-12</u>
TIN:	056-640-246-000 Exempted	P. R. NO:	
Mode of Procurement:	Shopping	Date :	

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery:	<u>The Builder's Place, Del Rosario St., Tug. City</u>	Delivery Term:	<u>3</u>		
Date of Delivery:		Payment Term:	<u>credit</u>		
Stock #	Unit	Description	Qty.	Unit Cost	Amount
C0129	Units	CHAIR - executive, all ergonomic, mid back, fully upholstered seat & back rest, with rubber edging, US fabric or its equivalent, Brand/Model: MCS404	2	3,400.00	6,800.00
C0101	units	CHAIR, waiting, 4-seater, stainless steel panel, arm rest & foot are made of stainless steel, back rest & seat are made of perforated stainless steel, Brand/Model: S23-4	6	7,800.00	46,800.00
(Total Amount in Words) Fifty Three Thousand Six Hundred Pesos					53,600.00

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:	Very truly yours,
 12/28/12 (Signature over Printed Name of Supplier)	 LOVELYN B. SABBAG Division Chief IV
APPROVED BY:	
 OSCAR B. ABADU, JR. Regional Vice President	
Funds Available:	
 LILYA C. QUINTO Fiscal Controller IV	ALOBS NO: _____ Amount: _____