

**PURCHASE ORDER**

Philhealth Regional Office 02

Supplier:	<b>K Servico Trade, Inc.</b>	PO NO.:	<u>12-12-0114</u>
Address:	148 Balzain Highway, Tuguegarao City	Date:	<u>12-28-12</u>
TIN:	000-405-592-056 VAT	P. R. NO:	
Mode of Procurement:	<u>Shopping</u>	Date:	

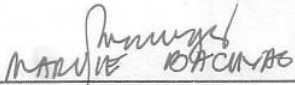
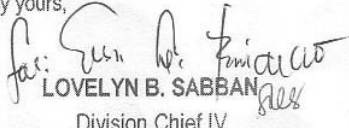
Gentlemen:

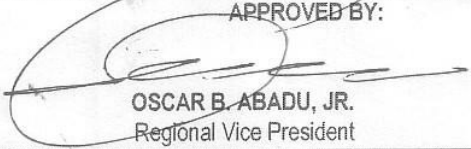
Please furnish this office the following articles subject to the terms and conditions contained herein.


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
M0112	Units	AIR CON - 3.0 TR, floor mounted, Brand/Model: Carrier FP-53ASBFM360, without installation	5	56,785.00	283,925.00
(Total Amount in Words) <b>Two Hundred Eighty Three Thousand Nine Hundred Twenty Five Pesos.</b>					283,925.00

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,
 (Signature over Printed Name of Supplier)	 LOVELYN B. SABBAN Division Chief IV

APPROVED BY:
 OSCAR B. ABADU, JR. Regional Vice President

Funds Available:	
 LILA C. QUINTO Fiscal Controller IV	ALOBS NO: _____ Amount: _____