

PURCHASE ORDER
Philhealth Regional Office 02

Supplier : Calyn Enterprises

Address : Gomez St., Tuguegarao City

TIN : 109-921-178-000

Mode of Procurement: Shopping

P.O. No. : 13-02-0004

Date : 02/06/2013

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., Tuguegarao City

Date of Delivery :

Delivery Term : 1

Payment Term: Cash

Stock Number	Unit	Description	Qty	Unit Cost	Amount
U0031	Piece	MUGS, for Corporate Souvenir, with PhilHealth Logo	50	100.000	5,000.00

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

5,000.00

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:

☒ Very truly yours,

(Signature over Printed Name of Supplier)

LOVELYN B. SABBAN
Division Chief IV - MSD



APPROVED BY:

OSCAR B. ABADU, JR.
Regional Vice President

56 Gomez St., Tuguegarao City Tel #: (078)844-1137

☒ Funds Available:

KELLY MAE D. CALIMAG
Fiscal Controller III

OBJECT OF EXPENDITURES

AMOUNT

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |