

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

**Supplier :** MARITON GROCERY

**Address :** Del Rosario St., Tuguegarao City

**TIN :** - - -

**Mode of Procurement:** Shopping

**P.O. No. :** 13-02-0007

**Date :** 02/12/2013

**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
B0707	Bottle	ALCOHOL, isopropyl, 70%, 150 ml.	370	24.400	9,028.00
U0440	Piece	TOOTHBRUSH, plain	370	10.400	3,848.00
U0439	Tube	TOOTHPASTE, 50 ml.	370	18.750	6,937.50

(Total Amount in Words)\*\*\* Nineteen Thousand Eight Hundred Thirteen & 50/100 Pesos \*\*\*

**19,813.50**

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:

MARITON, INC. *Chp*  
*Done 12/02/13*  
(Signature over Printed Name of Supplier)

☒ Very truly yours,

*L. B. Sabban*  
**LOVELYN B. SABBAN**  
Division Chief IV - MSD

☐ B

APPROVED BY:

*[Signature]*  
**OSCAR B. ABADU, JR.**  
Regional Vice President

☒ Funds Available:

*[Signature]*  
**KELLY MAE D. CALIMAG**  
Fiscal Controller III

OBJECT OF EXPENDITURES

AMOUNT

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