PURCHASE ORDER Philhealth Regional Office 02							
Supplier: Address: TIN: Mode of Pro	ress: Gonzaga cor. Conifacio Sts., tug. City			-	13-62-0010		
Gentlem Please f		ffice the following articles subject to the	e terms and co	onditions cor	ntained herein.		
Place of Deliv		Builder's Place, Del Rosario St., Tug. City		elivery Term: yment Term:			
Stock#	Unit	Description		Qty	Unit Cost	Amount	
u0565	565 Piece BATH tOWEL, assorted colors			31	80.00	2,480.00	
C0069	Piece	UMBRELLA, big		385	ෙ.ග	23, 100.00	
In ca one pe If the da from the	ase of failur rcent for eve te of receipt ne date of th	e to make the full delivery within the timery day of delay shall be imposed. Rent of the PO by the dealer is not indicate the approval of the PO. For imported items in the purchased as	ne specified at der your bills i d, it shall be d ms, IMPORTA	pove, a pena n triplicate c eemed recei NT DOCUM	alty of one-tenth (opies including t iced on the 10th IENTS specifical	he original. working day ly showing	
CONFORME	molth	Abanmal Glier Menchadue Printed Name of Supplier)	Very truly yours, LOVELYN B. SABBAN Division Chief IV - MSD				
		OSCAR B. Al	BADU, JR.				
Funds Availa	KELL	Y MARO. CALIMAG scal Controller III	ALOBS NO:				