

PURCHASE ORDER
Philhealth Regional Office 02

Supplier : JM SOUVENIRS & PRINT CENTER
Address : #01 A Del Rosario St., Centro 8, Tuguegarao City
TIN : - -
Mode of Procurement: Shopping

P.O. No. : 13-02-0011
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 : 2
Payment Term: Credit

Stock Number	Unit	Description	Qty	Unit Cost	Amount
U0566	Piece	BAG TAG, with PhilHealth logo	136	10.000	1,360.00
U0342	Piece	KEYCHAIN, with PhilHealth logo	255	20.000	5,100.00
U0031	Piece	MUGS, for Corporate Souvenir, with PhilHealth Logo	810	60.000	48,600.00

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

55,060.00

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:

CECILIA T. MACARUBBO
 (Signature over Printed Name of Supplier)

A) Very truly yours,

LOVELYN B. SABBAN
 Division Chief IV - MSD

B)

APPROVED BY:

OSCAR B. ABADU, JR.
 Regional Vice President

C) Funds Available:

LILIA C. QUINTO
 Fiscal Controller IV - FMS

OBJECT OF EXPENDITURES

AMOUNT

1. _____
2. _____
3. _____