

Philippine Health Insurance Corporation
Philhealth Regional Office IV-B
PSDC Bldg. P. Burgos cor. Alegre Sts. Batangas City

PURCHASE ORDER

Supplier **Abababes Printing & Trading**
Address **Evangelista St., Bats. City**
Tel./Fax No. **980-4750 / 723-4460**
Supplier Registered with:

PO No.	12-06-04
Date	June 22, 2012
Terms of Payment	on account
Mode of Procurement	LOCAL SHOPPING

Please deliver to this office within **10 days** from receipt hereof the following:

[illegible]

Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed on the 10th working day from the date of the approval of the P.O.
4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of equipment purchased, and tax receipts, should be submitted by the supplier.

Very truly yours,

Funds available in the amount of P 9,860.00

ARACELI J. LAINEZ

Division Chief IV - MSD

CATALINA R. AMATUS

Fiscal Controller IV

APPROVED:

PAOLO JOHANN C. PEREZ

Regional Vice-President

Date Approved: JULY 2, 2012

Received copy of P.O. on

By

CONFORME:

Printed Name and Signature
of Supplier/Representative