

PURCHASE ORDER
Philhealth Regional Office 02

Supplier : Golden Press

Address : Patria Bldg. Rizal St., Tuguegarao City

TIN : 102-204-257-000

Mode of Procurement: Shopping

P.O. No. : 13-02-0005

Date : 02/08/2013

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

Delivery Term : 3

Date of Delivery : _____

Payment Term: Credit

Stock Number	Unit	Description	Qty	Unit Cost	Amount
P0005	Sheet	ID CARD, PhilHealth Identification Card, 4pcs/sheet	25000	0.960	24,000.00

(Total Amount in Words)*** Twenty Four Thousand Pesos ***

24,000.00

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.

CONFIRMED:

(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:

KELLY MAE D. CALIMAG
Fiscal Controller III

OBJECT OF EXPENDITURES

AMOUNT

1. _____
2. _____
3. _____