PURCHASE ORDER Philhealth Regional Office 02						
Supplier: Address: TIN: Mode of Pro				13-02-0020 February W, 2013 Billing Strut. 0/15/13		
Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein.						
Place of Delivery: The Builder's Place, Del Rosario St., Tug. City Date of Delivery: The Builder's Place, Del Rosario St., Tug. City Payment Term: Cash						
Stock #	Unit	Description		Qty	Unit Cost	Amount
U0528	Piece	RACE BIB, tyvek or any material available		1784	10.40	18,553.60
(Total Amount in Words) ***Eighteen Thousand Five Hundred Fifty Three and 60/100 Pesos*** 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 receiced 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	LAS DE	OSCAR B. AE	SADU, JR.			
Funds Available: KELLY MAE D. CALIMAG ALOBS NO: Fiscal Controller III Amount:						