

PURCHASE ORDER
Philhealth Regional Office 02

Supplier : REAL FORM FURNITURE SHOP
Address : 22 Saturn St., Bricktown Subd., Phase III, Brgy.
TIN : 209-064-202-000
Mode of Procurement: Negotiated Purchase

P.O. No. : 13-07-0050
Date : 07/03/2013
P.R. No : _____
Date : _____

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein.

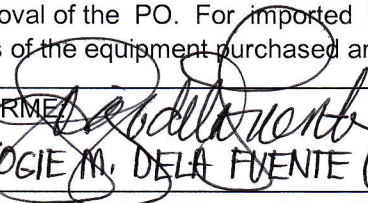
Place of Delivery: The Builders Place, Del Rosario St., Tuguegarao City
Date of Delivery : _____


Delivery Term : 10
Payment Term: Credit


Stock Number	Unit	Description	Qty	Unit Cost	Amount
L0115	Unit	FILING CABINET, steel, 4 drawers, gauge#20, wrinkled gray finish	5	7,420.000	37,100.00
C0096	Unit	STEEL SLOTTED SHELVES, Steel Rack, 7 layers, collapsible steel	20	8,000.000	160,000.00


(Total Amount in Words)*** One Hundred Ninety Seven Thousand One Hundred Pesos *** **197,100.00**

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 
YOCIE M. DELA FUENTE (JULY 16, 2013)
 (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

<input type="checkbox"/> C) Funds Available:  LILIA C. QUINTO Fiscal Controller IV - FMS	OBJECT OF EXPENDITURES	AMOUNT
	1. _____	_____
	2. _____	_____
	3. _____	_____