

**PURCHASE ORDER**  
**Philhealth Regional Office 02**

**Supplier :** Lighthouse Cooperative

**Address :** # 39 Luna Corner Taft Sts., Tug. City

**TIN :** 056-640-246-000

**Mode of Procurement:** Negotiated Purchase

**P.O. No. :** 13-09-0071

**Date :** 09/10/2013

**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
M0129	u	BILL COUNTER, friction type, fitted large easy to read LED Display Panel, speed 100 notes per 6 seconds, hopper, 200 sheets, preset, batches: 100.50.25.20 & 10 note, <i>dimensions: 285-W x 190mm-H x 225mm-D</i>	6	6,900.000	41,400.00
L0144	unit	CHAIR, Visitor, cantilever w/o armrest, padded sit & back rest w/ tubular leg design, U.S fabric or its equivalent chairs, high chair <i>JG 285H 20 G</i>	12	2,800.000	33,600.00

(Total Amount in Words)\*\*\* Seventy Five Thousand Pesos \*\*\*

**75,000.00**

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.

CONFORME:

**LIGHTHOUSE COOPERATIVE**  
**100L & OFFICE STATIONERY**  
**10A STREET CORNER TAFT STREET**  
**TUGUEGARAO CITY**

(Signature over Printed Name of Supplier)

☒ Very truly yours,

  
**LOVELYN B. SABBAN**  
Division Chief IV - MSD

☐ B

**APPROVED BY:**

  
**OSCAR B. ABADU, JR.**  
Regional Vice President

☒ Funds Available:

  
**LILIA C. QUINTO**  
Fiscal Controller IV - FMS

**OBJECT OF EXPENDITURES** **AMOUNT**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |