

**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. :** 13-10-0081

**Date :** 10/21/2013

**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., Tuquegarao City

**Delivery Term :** 10

**Date of Delivery :** \_\_\_\_\_

**Payment Term:** Credit

Stock Number	Unit	Description	Qty	Unit Cost	Amount
C0100	Sq. Ft.	BLINDS, Sunscreen type, including supply, delivery and installation, material & labor	450	190.000	85,500.00

(Total Amount in Words)\*\*\* Eighty Five Thousand Five Hundred Pesos \*\*\* 85,500.00

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:

NOGIE M. DELA FUENTE 11/7/13  
(Signature over Printed Name of Supplier)

A Very truly yours,

LOVELYN B. SABBAN  
Division Chief IV - MSD

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APPROVED BY:

OSCAR B. ABADU, JR.  
Regional Vice President

C Funds Available:

KELLY MAE D. CALIMAG  
Fiscal Controller III  
Comptroller's Office

OBJECT OF EXPENDITURES AMOUNT

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_