PURCHASE ORDER

Philhealth Regional Office 02

Supplier: REAL FORM FURNITURE SHOP	PO NO. : 3-12-0097
Address: 22 Saturn St, Bricktown Subd., Phase III, Brgy. Moonwalk, Paranaque	Date : 12/26/2013
TIN: 209-264-202-000VAT	P. R. NO:
Mode of Procurement: Negotiated Purchase	Date :

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., Tuc, City	Delivery Term:
Date of Delivery:	Payment Term:

Stock #	Unit	Description	Qty.	Unit Cost	Amount
MC128	unit	CASH SAFETY VAULT - DIMENSION: HWD(47x25x23) inches, combination lock, with key, fire proof		69,125.00	69,125.00
					69,125.00

(Total Amount in Words) Sixty Nine Thousand One Hundred Twenty Five 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 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:

FOR: Reynaldo M. dela Fuente

(Signature over Printed Name of Supplier)

Very truly yours,

LOVELYN B. SABAN

Division Chief IV

APPROVED BY:

OSCAR B. ABADU, JR.

Regional Vice President

Funds Available:

KELLY MAE D. CALIMAG

Fiscal Controller III

OBJECT OF EXPENDITURES:	AMOUNT
1.	
2.	