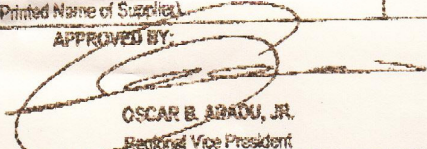


PURCHASE ORDER Philhealth Regional Office 02					
Supplier: <u>REAL FORM FURNITURE SHOP</u>			PO NO.: <u>13-12-0097</u>		
Address: <u>22 Saturn St. Bricktown Subd., Phase III, Brgy. Moonwalk, Paranaque</u>			Date: <u>12/26/2013</u>		
TIN: <u>209-264-202-000VAT</u>			P. R. NO.: _____		
Mode of Procurement: <u>Negotiated Purchase</u>			Date: _____		
Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein.					
Place of Delivery: <u>The Builder's Place, Del Rosario St., Tug. City</u>			Delivery Term: _____		
Date of Delivery: _____			Payment Term: _____		
Stock #	Unit	Description	Qty.	Unit Cost	Amount
RC120	unit	CASH SAFETY VAULT - DIMENSION: HWD(47x25x23) inches, combination lock, with key, fire proof		69,125.00	69,125.00
(Total Amount in Words) <u>Sixty Nine Thousand One Hundred Twenty Five Pesos.</u>					69,125.00
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: <i>dele pinto</i> FOR: Reynaldo M. dela Fuente (Signature over Printed Name of Supplier)			Very truly yours,  LOVELY B. SABBAN Division Chief IV		
APPROVED BY:  OSCAR B. ARADU, JR. Regional Vice President					
Funds Available:  KELLY MAE D. CALIMAG Fiscal Controller III			OBJECT OF EXPENDITURES: AMOUNT 1. _____ 2. _____		