



Supplier: **TACLOBAN GLEEN MARKETING**
INC.
 Address: **J. Romualdez St., Tacloban City**
 Tel./Fax No. : _____
 Supplier Registered with: _____

RIV No./Date	14-09-0061 dated 9/19/2014
P.O. No	14-12-0008
Date	12/29/2014
Terms of Payment	On credit
Mode of Procurement	NP-Small Value
Point of Delivery	PhilHealth RO VIII (Main) 167 P. Burgos St., Tacloban City

Please deliver to this office within 26 days from receipt hereof the following

ITEM NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1.	1	Unit	Emergency Light	1,500.00	1,500.00
			(See attached specifications for the above-mentioned items)		
			x-x-x-x-x-nothing follows-x-x-x-x-x		
			Purpose: For PhilHealth RO S use. (continuing appo.)		
			TOTAL :		1,500.00

1. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the P.O.
4. For imported items, **IMPORTATION DOCUMENTS** specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

LEVIE C. VILLEGAS
Fiscal Controller III

ACISCLO B. MILITANTE, JR.
Division Chief IV-MSD

WALTER R. BACAREZA
Regional Vice-President

By _____

Print Name and Sig. of Supplier Representative