

PURCHASE ORDER

Philhealth Regional Office 02

Supplier: CAGAYAN APPLIANCE CENTER	PO NO.: 16-02-0209
Address: E. Tuddao Bldg., 35 Mabini cor Gonzaga Sts., Tuguegarao City	Date: 2/26/2016
TIN: 143-466-613-006 VAT	P. R. NO:
Mode of Procurement: Negotiated Procurement - small value	Date:


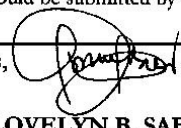
Gentlemen:

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., Tug. City	Delivery Term: 10 days (8:00AM to 5:PM)
Date of Delivery:	Payment Term: Credit


Stock #	Unit	Description	Qty	Unit Cost	Amount
M0166	unit	HOME APPLIANCES WATER DISPENSER; Dual water dispenser, hot & cold	1	4,500.00	4,500.00
(Total Amount in Words) Four Thousand Five Hundred Pesos.					4,500.00

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 description, serial numbers of the equipment purchased and the tax receipts should be submitted by the supplier.

 CAGAYAN APPLIANCE CENTER 35 MABINI ST. CENTRO CAGAYAN TEL. NO. 846 3792 / 846 3793	Very truly yours,  LOVELYN B. SABBAN Division chief IV
(Signature over Printed Name of Supplier)	

APPROVED BY:


OSCAR B. ABADU, JR.
Regional Vice President

Funds Available:  KELLY MAE D. CALIMAG Head - Fund Management Section	<table><tr><th>OBJECT OF EXPENDITURES</th><th>AMOUNT</th></tr><tr><td>1.</td><td></td></tr><tr><td>2.</td><td></td></tr><tr><td>3.</td><td></td></tr></table>	OBJECT OF EXPENDITURES	AMOUNT	1.		2.		3.	
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