

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office - ARMM

Noramis Bldg., Cong. Omar Dianalan Boulevard, Marawi City Cell Phone No. 09285071910; Fax No. 09209372263

PURCHASE ORDER

Supplier	: CR	OWN PAP	ER & STATIONER	Purchase Order No.: 005-17-E				
Address					Date : 22-Jun-17			
Tel/Fax	:				Ter	rms of Payment		
RIV No.	: E-0	05-17			Mo	de of Procuremer	: Emergency Purchase	
Date	: 6/14	4/2017						
Please deli	ver to this	Office with	in seven (7) working days from re	eceipt hereof the fol	llowing:			
NO.	QTY.	UNIT	ITEM D	ESCRIPTION		UNIT PRICE	TOTAL AMOUNT	
1	1	unit /	Time Recorder/Bundy Cloc	ek (comrx	MT 6207)	7,500.00	7,500.00	
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	llowsxxxxxxxxxxx	XXXXXXXXX			
							8	
	No.							
					17-0	9-021	3	
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							75000	
			ТОТА	L			7,500.00 pm	
Condition						(
		impose per ed damages.	alty in an amount equivalent to 1	/10 of one (1) perc	ent of the total valu	e of undelivered of	order for each day of	
2. Render	your bills	in triplicate	copies including the original.					
3. If the d	late of the	receipt of th	e Purchase Order by the dealer is	not indicated, it sh	nall be deemed recei	ved on the 10th w	vorking day from the	
date of the	approval	of the Purch	ase Order. ΓΑΤΙΟΝ DOCUMENTS specific	ally showing the co	ondition serial num	hers of the equip	ment purchased and	
			by the supplier	any showing the ex	ondition, sorial name	octo or une equip.	The partition of the same of t	
			a # TAN AN		V			
Funds ava	ailable in t	the amount	of: 7,500.00		Very truly yours	, Ann		
		da				10000	mosy	
	SORAYA	AH M. SHA	RIEF-TABAO		and the state of t		MACARIMBANG	
		-	ement Section A		•	mier, Managemer	nt Services Division	
Co	mptrollers	rike Jak√	Approved:			marye		
RE			1 1		7			
forci on me	ALM'S	Pato H	Atty. KHALIQU	Regional Vice-Pr	esident $\frac{\partial P}{\partial r}$	CSEE		
D (D.C.	1	the state of the s		C		\	
Received t	inis P.O. C	by:			Conform			
						Name and	L8ignature of	
							Representative	