

Received this P.O. Copy on:

by: _

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

Address: ILIGAN CITY Tel/Fax: RIV No.: E-002-17 Date: 6/14/2017 Please deliver to this Office within seven (7) working days from receipt hereof the following: NO. QTY. UNIT ITEM DESCRIPTION 1	Date Terms of Payment Mode of Procurement UNIT PRICE 3,250.00 495.00	: 22-Jun-17 : Emergency Purchase
IV No. : E-002-17 ate : 6/14/2017 lease deliver to this Office within seven (7) working days from receipt hereof the following: NO. QTY. UNIT ITEM DESCRIPTION 1	UNIT PRICE	FOTAL AMOU
ease deliver to this Office within seven (7) working days from receipt hereof the following: NO. QTY. UNIT ITEM DESCRIPTION 1	UNIT PRICE /3,250.00	FOTAL AMOU
ease deliver to this Office within seven (7) working days from receipt hereof the following: NO. QTY. UNIT ITEM DESCRIPTION 1 7 unit Plastic Table, 6 seaters, Monobloc 2 / 56 unit Plastic Chair w/o armrest, monobloc	3,250.00	
NO. QTY. UNIT ITEM DESCRIPTION 1	3,250.00	
NO. QTY. UNIT ITEM DESCRIPTION 1	3,250.00	
1 7 unit Plastic Table, 6 seaters, Monobloc 2 / 56 unit Plastic Chair w/o armrest, monobloc	3,250.00	
2 / 56 unit Plastic Chair w/o armrest, monobloc		
		27,720.0
The state of the s		27,720.0
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37	-08-0132	
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TOTAL		50,470.0

Conform:

Name and Signature of Supplier/Representative