: <u>ME</u>	RCY COM	MUNITY HOSPITAL, INC.	Purchase Order No. :	166-17EP
: ILIC	GAN CITY		Date :	: 29-Nov-17
: 5			Terms of Payment :	
: E15	8-17		Mode of Procuremen:	NP/SVP
: 8/24	/2017			
ver to this	Office with	nin seven (7) working days from receipt hereof the followin	g:	
QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE I	TOTAL AMOUN
11		Pap Smear	400.00	4,400.00
37.7		XXXXXNOTHING FOLLOWSXXXXXXXX		
	: ILIC : E15 : 8/24 ver to this	: ILIGAN CITY : E158-17 : 8/24/2017 ver to this Office with QTY. UNIT	: E158-17 : 8/24/2017 ver to this Office within seven (7) working days from receipt hereof the following the seven (7) working days from receipt hereof the following the seven (7) working days from receipt hereof the following the seven (7) working days from receipt hereof the following the seven (7) working days from receipt hereof the following days from receipt hereof days days days days days days days days	: ILIGAN CITY : E158-17 : 8/24/2017 Wer to this Office within seven (7) working days from receipt hereof the following: QTY. UNIT ITEM DESCRIPTION UNIT PRICE 11 Pap Smear 400.00

1. The Agency shall impose penalty in an amount equivalent to 1/10 of one (1) percent of the total value of undelivered order for each day of

TOTAL

Onla

4,400.00

the delay as liquidated damages.			
2. Render your bills in triplicate copies	including the original.		
3. If the date of the receipt of the Purc	hase Order by the dealer is r	not indicated, it shall be deemed received of	on the 10th working day from the
date of the approval of the Purchase Or	der.		
4. For imported items, IMPORTATIO	N DOCUMENTS specifical	ly showing the condition, serial numbers	of the equipment purchased, and
tax receipts, should be submitted by the	supplier		
Funds available in the amount of: _	4,400.0	Very truly yours,	
Head, Fund Management			ANODEN A. MACARIMBANG Management Services Division
	12/2/11	Regional Vice-President	
Received this P.O. Copy on:		Conform:	
by:			×-
	4 1125		Name and Signature of