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 : IVORY PRINTING & PUBLISHING HOUSE
Address : Iligan City
Tel/Fax :
PR No. : 243-18
Date : 3/13/2018

Purchase Order No. : 18-005
Date : Jan. 22, 2018
Terms of Payment :
Mode of Procurement : LOCAL SHOPPING

Please deliver to this Office within **seven (7)** working days from receipt hereof the following:

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc	TARPAULIN 8x12 (23rd Anniversary)	2,400.00	2,400.00
2	1	pc	TARPAULIN 8x8 (23rd Anniversary)	1,600.00	1,600.00
			XXXXXXXX NOTHING FOLLOWS XXXXXX		
			TOTAL		**4,000.00**

Conditions:

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 the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of the receipt of the Purchase Order by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order.
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

Funds available in the amount of: 4,000.00.

Very truly yours,

MKTG & Promo
PAM (W)
4/19/18

SORAYAH M. SHARIEF-TABAO
Head, Fund Management Section 4/17

4/16
ALLANODEN A. MACARIMBANG
Chief, Management Services Division

Approved:

4/18
Atty. KHALIQUZZAMAN M. MACABATO, CPA, CSEE
Regional Vice-President

Received this P.O. Copy on: _____
by: _____

Conform: