PhilHealth Regional Office - ARWIN

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

PURCHASE ORDER

| | | | PURCHASE ORDER | , | 14.0 0.7.0 |
|--|--|---|--|--|------------------------------------|
| | / | | | Purchase Order No. : | 18-078 |
| pplier | : ILIGAN DATAVISION SALES CENTER | | | | 2 7 APR 2018 |
| ldress | Iligan City | | | Terms of Payment : | |
| el/Fax | : / | | The first of the second | Mode of Procuremen: | |
| R No. | : 051-18 | | | Wiode of Freeman | |
| ate | | 2018 | | | |
| atc | - | | (7) working days from receipt hereof the following: | | |
| lease deli | ver to this (| Office with | nin seven (7) working days from receipt hereof the following: | UNIT PRICE | TOTAL AMOUN |
| NO. | QTY. | UNIT | ITEM DESCRIPTION MOUSÉ OPTICAL,USB CONNECTION TYPE W/SCROLL | 290.00 | 870.00 |
| 1 | /3 | pcs | MOUSE OPTICAL, USB CONNECTION TITE | 290.00 | |
| 1 | / 3 | Pes | WHEEL AND LEFT & RIGHT CLICK | | |
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| | | | (1000) 2000 (1000) | | |
| | | | | | / |
| | | | TOTAL | | 870. |
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| the dela 2. Reno 3. If th date of 4. For tax reco | y as liquidader your bile date of the approved imported it | ited damaged is in triplicate receipt of the Puterns, IMPed be submit | penalty in an amount equivalent to 1/10 of one (1) percent of the toges. Cate copies including the original. If the Purchase Order by the dealer is not indicated, it shall be deemended and the condition of the Purchase Order. ORTATION DOCUMENTS specifically showing the condition, sere itted by the supplier Ount of: New York True Very true Out 1/10 of one (1) percent of the together. | ed received on the 10th rial numbers of the equally yours, | n working day from |
| TO S | Head | YAH M. | Approved: | Chief, Manage | MA. MACARIME ment Services Divi |
| YWW | , | K3/2 | 11 /21 1. V M M A . D | O, CPA, CSEE | |
| | | 0 | | Conform: | 0 |

Supplier/Representative