PhilHealth Regional Office - ARMM

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

PURCHASE ORDER

Supplier	:	COPYLANDIA OFFICE SYSTEMS CORP. ILIGAN CITY	Purchase Order No. : 18 - 1 3 5 Date : 1 2 JUL 201			
Address	:	ILIGARCITI	Terms of Payment :			
Tel/Fax	:		Mode of Procuremen: NP/SVP			
PR No.	:	267-18				
Date	:	April 2, 2018				

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

ise dell'	TO TO TIME		nin seven (7) working days from receipt hereof the following: ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.	QTY.	UNIT	TTEM DESCRIPTION	228,000.00	228,000.00
1	1	unit	DEVELOP/COPIER MACHINE 3 IN 1 Multifunction	220,000.00	
	1		copier, printer, scanner	100000000000000000000000000000000000000	100
			Full Color, Black and White	Market make	THE REAL PROPERTY.
	1	Klein	Complete Accessories	Hankenton S	addition.
			DEVELOP INEO+227 "		
			w/ automatic document feeded and metal cabinet		
			Complete Accessories		NEW YORK OF THE PARTY OF
			full color copy/print/scan	TORKERE	STATE STATE OF THE
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- 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
- 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:

Very truly yours,

Thief, Management Services Division

SORAYAH M. SHARIEF-TABAQ Head, Fund Management Section

Approved:

TO, CPA, CSEE