PhilHealth Regional Office - ARMM

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

PURCHASE ORDER

ress	: CROWN PAPER AND STATIONER : Iligan City			Purchase Order No. : Date 0 2 AUG 2018	
	Iligar	City		Terms of Payment	:
Fax		/		Mode of Procurem	en: LOCAL SHOPPING
No.	: 442-				
e	: 7/13/	/2018			
asa dalis	ver to this	Office with	in seven (7) working days from receipt hereof the following:		
			ITEM DESCRIPTION	UNIT PRICE	E TOTAL AMOUN
NO.	QTY.	UNIT	WATER DISPENSER (Markes brand)	6,500.00	0 6,500.00
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Name and Signature of Supplier/Representative