PhilHealth Regional Office - ARMIN

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

PURCHASE ORDER

			1 8 - 3 1 11
Supplier	:	ILIGAN DATAVISION SALES CENTER	Purchase Order No. :
Address	:	Iligan City	Date 3 0 OCT 2018
Tel/Fax	:		Terms of Payment :
PR No.	:	501-18	Mode of Procuremen: NP/SVP
Date		8/8/2018	

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

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
1	5	cart	35a TONER CARTRIDGE	/3,690.00	18,450.00
			XXXXXXX NOTHING FOLLOWS XXXXXX	/	
		Section and			
Car 9	N.V.		THE WAR DESIGNATION OF THE PERSON OF THE PER		
			18-12-0073		
	-				

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:	

(8,460 -

Very truly yours,

MS

SORAYAH M. SHARIEF-TABAO

Head, Fund Management Section

ALLANODEN A. MACARIMBANO

Chief, Management Services Division

Approved:

Atty. KHALIQUZZAMAN M. MACABATO, CPA, CSEE

Regional Vice-President