## PhilHealth Regional Office - ARMM

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Kouzbary Business Complex, Ali Bin Abu Talib Street, New Capitol Heights, Marawi City Cell Phone No. 09285071910; Fax No. 09209372263

-			PURCHASE ORD	DER	
Supplier Address Tel/Fax PR No. Date	: ILIGAN CITY			Purchase Order No. : 19-092  Date : 19-23-2019  Terms of Payment : Mode of Procurement : Mode of Procurement : 19-092	
NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE TOTAL AMOUNT	
1	12	CA	HP LASERJET 48a TONER CARTRIDGE	2,950.00 35,400.00	
			XXXXX NOTHING FOLLOWS XXXXXX		
			A A SA SECTION OF THE		

## **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.

35,400.00

Supplier/Representative

TOTAL

2. Render your bills in triplicate copies including the original.

date of the approval of the Purchase Order.	not indicated, it shall be deemed received on the 10th working day from the lly showing the condition, serial numbers of the equipment purchased, and
Funds available in the amount of:	Very truly yours,
ASLINAH D. ASHARY Head, Fund Management Section  Approved:	ALLANODEN A. MACARIMBANG Chief, Management Services Division  Authorities of the services of t
/	SAIN DDIN M. MOTI ng Regional Vice-President
Received this P.O. Copy on:by:	Conform:  Name and Signature of