

Supplier : ZAMMI SHIRTS AND PRINTS
 Address : ILIGAN CITY
 Tel/Fax : _____
 PR No. : 487-19
 Date : 10/28/2019

Purchase Order No. : 19-446
 Date : 11-6-2019
 Terms of Payment : _____
 Mode of Procurement : NP/SVP

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

| NO. | QTY. | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|------------------|------|------|---------------------------------|------------|------------------|
| 1 | 300 | pcs | T-SHIRTS with Philhealthy Print | 200.00 | 60,000.00 |
| | | | XXXXXX NOTHING FOLLOWS XXXXXXXX | | |
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| T O T A L | | | | | 60,000.00 |

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: P 60,000 -

Very truly yours,

*Philhealthy
w/ receipt
from PHH*
ASLINAH D. ASHARY
 Head, Fund Management Section

*Philhealthy
w/ receipt
from PHH*
ALLANODEN A. MACARIMBANG
 Chief, Management Services Division

Approved:

*Philhealthy
w/ receipt
from PHH*
*30K advertising
24K mktg*
Atty. Khalquzzaman M. Macabato, CPA, CSEE
 Regional Vice-President

Received this P.O. Copy on: _____
 by: _____

Conform:

*Philhealthy
w/ receipt
from PHH*

 Name and Signature of
 Supplier/Representative