Cell Phone No. 09285071910; Fax No. 09209372283

PURCHASE ORDER

Supplier : IVORY PRINTING AND PUBLISHING HOUSI
Address : ILIGAN CITY
Tel/Fax :
PR No. : PAU-003-2021
Date : 2/17/2021

Purchase Order No. : 2021-007
Date : 3/1/2021
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	3	pc	TARP 8 x 4 Philhealth 26th Anniversary	800.00	2,400.00
			xxxxxxx nothing follows xxxxxxxxx		
TOTAL					**2,400.00**

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: _____.

Very truly yours,

ASLINAH D. ASHARY
Head, Fund Management Section

ALLANODEN A. MACARIMBANG
Chief, Management Services Division

Approved:

DR. SAINUDDIN M. MOTI
Acting Regional Vice-President

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

Conform:

Elena S. Orong
Name and Signature of
Supplier/Representative