

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office - ARMM

Kouzbary Businness Complex, Ali Bin abu Talib St., New Capitol Heights , Marawi City
Cell Phone No. 09285071910; Fax No. 09209372263



PURCHASE ORDER

Supplier		EMRYS INDUSTRIES PU			se Order No.	: 2421-231
Address		Iligan City Da		Date		11/15/201
Tel/Fax	-			Terms	of Payment	
PR No.		HRU-03			of Procurement	: LOCAL SHOPPING
Date			per 10, 2021			
		1				
Please del	liver to	this Offic	ee within seven (7) working days from receipt hereof the following:			
NO.	QTY.	UNIT	ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
1	3	unit=	PLAQUE OF APPRECIATION		180.N	5,400.N
1	-		1) LIDA C. AYON		/	
			2) SANDRAH ARNICA M. USMAN			
		4.61	3) ATTY. MOHAMMAD MUKTADIR AHMAD ESTRELLA			
		-	xxxxxxxxxxxx nothing follows xxxxxxxxxxx			
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delay as I 2. Rende 3. If the of the app 4. For in receipts,	igency iquidat er your date of oroval on ported should	ed damag bills in tri the receip of the Pur items, IN be submi	iplicate copies including the original. pt of the Purchase Order by the dealer is not indicated, it shall be deeme chase Order. MPORTATION DOCUMENTS specifically showing the condition, ser tted by the supplier	ed receiv	wed on the 10th wor	king day from the date
Funds av	AS	LINAH	D. ASPIARY nagement Section	2	ALLANODEN A. Chief, Management	MACARIMBANG Services Division
			Approved:		,	

DATU MASIDING M. ALONTO, JR.
Regional Vice-President

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

