

# PURCHASE ORDER

Supplier : TRAIL OF GARMENTS  
MANUFACTURER  
 Address : ILIGAN CITY  
 Tel/Fax : \_\_\_\_\_  
 PR No. : HRU-049-2021  
 Date : 12/23/2021

Purchase Order No. : 2021-240  
Date : 12/27/2021  
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                | 196  | pcs  | PHILHEALTHY T-SHIRT Dry-fit with logo | 240.00     | 47,040.00    |
|                  |      |      | xxxxx nothing follows xxxxxxxxx       |            |              |
|                  |      |      |                                       |            |              |
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|                  |      |      |                                       |            |              |
| <b>T O T A L</b> |      |      |                                       |            | 47,040.00    |

### 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: 0.01, 0.00 =

Very truly yours,

**ASLINAH D. ASHARY**  
Head, Fund Management Section

**ALLANODEN A. MACARIMBANG**  
Chief, Management Services Division

Approved:

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

Received this P.O. Copy on: \_\_\_\_\_  
by: \_\_\_\_\_

Conform:

Name and Signature of  
Supplier/Representative