Revised on: May 24, 2004

Standard Form Title: Purchase Order

P.R. No. - PHO - 2021 - 029

## **PURCHASE ORDER**

PROVINCIAL HEALTH OFFICE, NEW CAPITOL BUILDING, TAGBILARAN CITY

Agency/Procuring Entity

Supplier : JAN SURPLUS CENTER D.O. No. :	P.O. # - PH	O - 2021 - 125
Address : 007, Visarra St., Poblacion II, Tagbilaran City Date	<del></del>	
Telephone No:	Augus	t 02, 2021
TIN . Mode of	Р	ublic
Gentlemen/Mesdames: Procurement :		dding
Please furnish this Office the following articles subject to the terms and conditions  Place of Delivery PROVINCIAL HEALTH OFFICE NEW CAPITOL 2.15		
Place of Delivery: PROVINCIAL HEALTH OFFICE, NEW CAPITOL Delivery Term: Please rea	contained	herein:
BUILDING, TAGBILARAN CITY the back barred	ad Terms &	Conditions at
Date of Delivery: FIVE (5) DAYS UPON RECEIPT OF NOTICE TO		
PROCEED Payment Term: Upon Cor	mpletion of	Delivery
Warranty Period: THREE (3) MONTHS		
Item No. QTY UNIT DESCRIPTION OF SUPPLIES LUN		
unit Cylinder Head Assembly - Mitsubishi	IIT COST	AMOUNT
unit Alternator Assembly - A N D	29,495.00	29,495.00
3 1 1 unit Radiator Tank - Evercool	13,499.00	13,499.00
FIGURE 120III	17,499.00	17,499.00
5 1 set Piston Ring - Rid	6,900.00	6,900.00
6 1 unit Starter Assembly - A.N.D.	3,800.00 17,499.00	3,800.00
Tao: Linguic Oil - Delo Gold	674.00	17,499.00
pc. Oil I fittel - MilCIO	550.00	4,718.00
X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-	000.00	550.00
TOTAL > >		93,960.00
		VVVVVVV
(total amount in words) NINETY THREE THOUSAND MINETY		
	PESOS ONL	Υ
In case of failure to make the full delivery within the time specified above, a penalty of one- of one (1) percent for everyday of delay shall be imposed.	tenth (1/10	0)
or delay shall be imposed.		
Conforme:		i
Very truly yours		i
AN SURPLUS CENTER		į į
— · <del>—</del>		1
Signature over printed name of Supplier  ATTY. ARTH		N
Gover	nor	
AUG 09 2021		H
Date By Authority of		fi fi
)	the Gover	nor:
J . A	the Gover	nor:
Klen	the Gover	nor:
ATTY. KATHYANT	?	
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ATTY. KATHYENT	Z BD. PIOQ	<u>отиіп</u>
Provincial dai	<b>BD. PIOQ</b>	UINTO r
Date approved:	Z BD. PIOQ	UINTO r
Provincial dai	<b>BD. PIOQ</b>	UINTO r
Date approved:	<b>D. PIOQ</b> ministrato	UINTO
Date approved:	<b>BD. PIOQ</b>	UINTO