



PURCHASE ORDER

Procuring Department: **Provincial Health Office**

Supplier : **COOLWAVE AIRCONDITIONING MKTG. & SERVICES, INC.** P.O.: **1 0 0 1 9 0 9** **No. 0977**

Address : **Calapan City, Oriental Mindoro**

E-mail Address : _____ Date : **September 19, 2019**

Telephone No. : **286-7166** Mode of Procurement : **Shopping**

TIN : **006-092-053-000**

Gentlemen:
 Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: **PHO/OMPH** Delivery Term: **w/ in 7 calendar days upon receipt of P.O**
 Payment Term : **charge**


Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	pcs	18 watts LED Tube - Daylight, double sided X-X-X-X	100	665.00	66,500.00
For OMPH maintenance use.					

TOTAL AMOUNT IN WORD): sixty six thousand five hundred pesos only

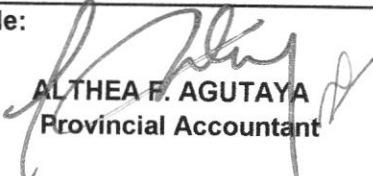
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for everyday of delay shall be imposed.

By Authority of the Governor:
 Very truly yours
 HUBBERT CHRISTOPHER A. DOLOR, MD, MPA, MHA
 Provincial Administrator
HUMERLITO A. DOLOR MPA, Ph.D.
 Provincial Governor

Conforme:


FRANCISCO V. LUMANGLAS
 Signature Over Printed Name of Supplier
 Date 10/16/19

SI-14518

<p>Funds Available:</p> <p style="text-align: center;"> ALTHEA F. AGUTAYA Provincial Accountant</p>	<p>OBLIGATION REQUEST NO: <u>4421E CY 2019</u></p> <p>AMOUNT : <u>₱ 66,500.00</u></p>
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