

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office - Cordillera Administrative Region
 4/F SSS Bldg., Harrison Road, Baguio City
 Tel. # (074) 444-5345/446-0371

POMM-P-006

PURCHASE ORDER

Supplier:	<u>STAR APPLIANCE CENTER</u>	P.O. No.:	<u>P-13-100</u>
Address:	<u>SM City Baguio, Luneta Hill, Baguio City</u>	Date:	<u>27-Dec-13</u>
Tel./Fax No.:	<u>619-7692/93</u>	Term/s of Payment:	<u>cod</u>
Supplier Registered with:	_____	Mode of Procurement	<u>Shopping</u>

Please deliver to this office within _____ upon payment _____ from receipt hereof the following:

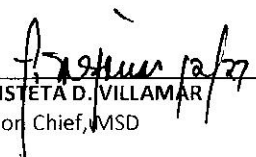
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	units	Telephone, cordless, Panasonic KX-TG3411BX1	1,540.00	6,160.00
TOTAL					6,160.00
				Less: 5% Final Tax	275.00
				1% EWT	55.00
Net of Tax					5,830.00

10 1850.

Terms & Conditions:

1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of P.O.
3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.
5. In case of returned/ rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.

Very truly yours,


GEMILDA CRISTETA D. VILLAMAR
 Division Chief, MSD

Certified Budget Available Funds Available in the amount of: PhP <u>6,160.00</u>	APPROVED:
_____ LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	_____ ATTY. JERRY F. IBAY Regional Vice President
_____ MARIA LINDA H. GADINGAN Fiscal Controller III	
Within the COB: <u>2013</u> Expense Code: <u>274-10</u> Budget: _____ Remarks: _____	
Conforms to: _____ Signature over Printed Name and Position of Authorized Representative	
Date: _____	