

Republic of the Philippines  
**Philippine Health Insurance Corporation**  
PHILHEALTH REGIONAL OFFICE - CORDILLERA ADMINISTRATIVE REGION  
Management Services Division  
4/F SSS Bldg., Harrison Road, Baguio City  
Tel. # (074) 444-9862 / 444-8361 / 446-0371

**PURCHASE ORDER**

Supplier: <u>Laser Marketing</u>	P.O. No.: <u>P-12-089</u>	
Address: <u>26-A Upper Mabini St., Baguio City</u>	Date: <u>18-Sep-12</u>	
Tel./Fax No.: <u>442-5854/447-0203/443-3788</u>	Term/s of Payment: <u>on account</u>	
Supplier Registered with: _____	Mode of Procurement: <u>Small Value</u>	

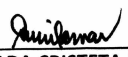
Please deliver to this office within 20 days from receipt hereof the following:



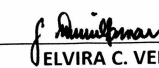
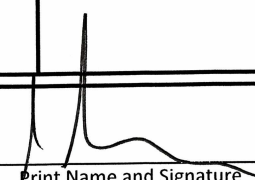
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	8	units	Table, Clerical, OD1C	6,700.00	53,600.00
			> w/ drawers, w/ wood modesty panel (in grey laminate finish)		
			> Size: 1200mm x 600mm x 750mm		
			> 20-25mm HPL		
			> w/ wire management system		
			<b>TOTAL</b>		<b>53,600.00</b>
			Less: 5% Final Tax	2,392.96	2,871.93
			1% EWT	478.57	50,728.47
			<b>Net of Tax</b>		

**Terms & Conditions:**

- The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order/P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or e-mail.
- Delivery Receipt and Sales Invoice shall be required for the one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,

  
IMELDA CRISTETA D. VILLAMAR  
Division Chief, MSD

Certified Budget Available	Funds Available in the amount of: PhP <b>53,600.00</b>	APPROVED:
 <b>LILIBETH M. PALACI</b> Fiscal Controller I/ Budget Officer - Des.	 <b>MIRASOL E. ADRIAS</b> Fiscal Controller IV	 <b>MELVIRA C. VER</b> Regional Vice President, PRO-CAR
Within the COB: <u>2012</u> Expense Code: <u>12345-00</u> Budget: _____ Remarks: _____		
CONFORME:		
Received Copy of P.O. on _____		 Print Name and Signature of Supplier/Representative <u>a/a/2012</u>