## Republic of the Philippines

## **Philippine Health Insurance Corporation**

PHILHEALTH REGIONAL OFFICE - CORDILLERA ADMINISTRATIVE REGION

4/F SSS Bldg., Harrison Road, Baguio City Tel. # (074) 444-9862 / 444-8361 / 446-0371

## **PURCHASE ORDER**

Supplier: Address:		WILCONSTRUCT ENTERPRISE  #22 Lower Bonifacio St., Baguio City			P.O. No.:		P-12-100		
					_ Date:	Date:		18-Sep-12	
Tel./Fax I		423-4941			Term/s of Payment:		on account		
Supplier I	Registered	with:			_ Mode of Pro	Mode of Procurement:		Small Value	
	Please d	eliver to th	is office within _	15 days	_ from receipt here	eof the follow	ing:		
NO.	QTY	UNIT		RIPTION		UNIT PRICE	TOTAL AMOUNT		
1	4	unit	Filing Cabinet				9,880.00	39,520.00	
			Total			157.7		39,520.00	
			Less: 5% Fi	The second secon	441			12.10.00	
	-		1% EV	VT		<del>21</del> 352		179019 755.35	
			Net of Tax				37,402.85 3	7,749,71, 38,764.65	
	-			To the second se					
								,	
<ol> <li>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.</li> <li>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.</li> <li>Delivery Receipt and Sales Invoice shall be required for the one-time complete delivery of the goods.</li> <li>Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.</li> <li>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.</li> </ol> Very truly yours, Wery truly yours, IMELDA CRISTETA D. VILLAMAR Division Chief, MSD									
0 D.		-1-	Frank Arailah	de in the amount of	DhD 20 520 (	A LADDROV	/ED:		
sertified Bu	idget Availa	DIE	runds Availab	ole in the amount of:	PhP 39,520.0	00 APPROV	ED.		
LILIBETH M. PALACI Fiscal Controller I/ Budget Officer - Des.  Within the COB: Expense Code: Budget: Remarks:							ELVIRA C. VER  Regional Vice President, PRO-CAR		
							1		

CONFORME:

Print Name and Signature of Supplier/Representative

Received Copy of P.O. on