

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: Baguio Office Systems & Solutions, Inc.
 Address: 3F E.S. Clemente Bldg., Shanum St., cor. Otek St., Burnham Park, BC
 Tel./Fax No.: 444-2994
 Supplier Registered with: _____

P.O. No.: P-12-101
 Date: 18-Sep-12
 Term/s of Payment: on account
 Mode of Procurement: Small Value

Please deliver to this office _____ 20 days _____

from receipt hereof the following:



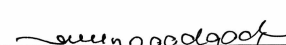
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Paper Shredder, Admiral T-818	9,850.00	9,850.00
			Total		9,850.00
			Less: 5% Final Tax	439.73	
			1% EWT	87.95	
			Net of Tax		9,322.32

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.

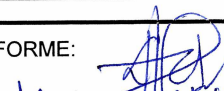
Very truly yours,


IMELDA CRISTETA D. VILLAMAR
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of PHP 9,850.00	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  LILIBETH M. PALACI Fiscal Controller I/ Budget Officer - Des. </div> <div style="width: 45%;">  MARIA LINDA H. GADINGAN Fiscal Controller III </div> </div>		 ELVIRA C. VER 9/27 Regional Vice President, PRO-CAR
Within the COB: Expense Code: <u>278-10</u> Budget: _____ Remarks: _____		
_____ _____ _____		
_____ _____ _____		

Received Copy of P.O. on _____

CONFORME:


 Print Name and Signature
 of Supplier/Representative