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:	Laser Marketing	P.O. No.:	P-12-102
Address:	26-A Upper Mabini St., Baguio City	Date:	2-Oct-12
Tel./Fax No.:	442-5854/447-0203/443-3788	Term/s of Payment:	on account
Supplier Register	ed with:	Mode of Procurement:	Small Value

20 days

Please deliver to this office within

from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	units	Chair, clerical CH602AX	2,250.00	22,500.00
			TOTAL		22,500.00
			Less: 5% Final Tax 1,004.46   1% EWT 200.89		1,205.35
			Net of Tax		21,294.65

Terms & Conditions:

- 1. 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.
- 2. 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.
- 3. Delivery Receipt and Sales Invoice shall be required for the one-time complete delivery of the goods.
- 4. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- 5. 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	22,500.00	APPROVED:
LILIBETH M. PALACI Fiscal Controller I/ Budget Officer - Des. Within the COB: Expense Code: Budget: Remarks:	MARIA LINDA H. GADINGAN Fiscal Controller III		f ELVIRA C. VER /o/2 Regional Vice President, PRO-CAR
Received Copy of P.O. on	CON	(Pr	ASER MARKETHEO A Upper Mabini St. Bar Oli A Upper Mabini St. Bar Oli A Upper Add State Add Toolog Int Name and Signature Supplier/Representative