

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
4/F SSS Bldg., Harrison Road, Baguio City
Tel. # (074) 444-9862 / 444-8361 / 446-0371

PURCHASE ORDER

Supplier: Copylandia Office Systems P.O. No.: P-12-085
Address: GF Paladin Hotel, #136 Abanao Ext. cor Cariño St., Baguio City Date: 28-Aug-12
Tel./Fax No.: 446-5356/446-5357 Term/s of Payment: c.o.d.
Supplier Registered with: _____ Mode of Procurement: Direct Contracting

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

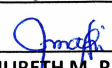

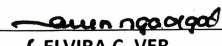
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	tube	Ink for Risograph, RZ black	1,690.00	16,900.00
			Less: 10% Discount		1,690.00
			NET OF DISCOUNT		15,210.00
			Less: 5% Final Tax 679.02		
			1% EWT 135.80		814.82
			Net of Tax		14,395.18

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 15,210.00	APPROVED:
 LILIBETH M. PALACI Fiscal Controller I/ Budget Officer-Des.	 MARIA LINDA H. GADINGAN Fiscal Controller III	 ELVIRA C. VER Regional Vice President
Within the COB: _____		
Expense Code: <u>774-10</u>		
Budget: _____		
Remarks: _____		

CONFORME:

Received Copy of P.O. on

8-31-12


MARK JOSEPH ESTEBAN
Print Name and Signature
of Supplier/Representative