

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: <u>Copylandia Office Systems</u>	P.O. No.: <u>P-12-097</u>
Address: <u>GF Paladin Hotel, #136 Abanao Ext. cor Cariño St., Baguio City</u>	Date: <u>16 Nov-12</u>
Tel./Fax No.: <u>446-5356/446-5357</u>	Term/s of Payment: <u>c.o.d.</u>
Supplier Registered with: _____	Mode of Procurement: <u>Direct Contracting</u>

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

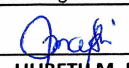
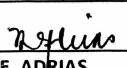

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	roll	Master Roll, RZ	4,850.00	24,250.00
2	9	tube	Ink, RZ black	1,690.00	15,210.00
			Sub-Total		39,460.00
			Less: 10% Discount		3,946.00
			NET OF DISCOUNT		35,514.00
3	2	unit	Toner for Fax Machine, PP1300	5,950.00	11,900.00
4	5	pc	Toner, TN311	3,900.00	19,500.00
			Total		66,914.00
			Less: 5% Final Tax	2,987.23	
			1% EWT	597.45	3,584.68
			Net of Tax		63,329.32


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 66,914.00	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%;">  MIRASOL E. ADRIAS Fiscal Controller IV </div> </div>		 ELVIRA C. VER Regional Vice President
Within the COB: _____		
Expense Code: <u>734-10</u>		
Budget: _____		
Remarks: _____		

Received Copy of P.O. on <u>11-8-12</u>	CONFORME:  <u>COPYLANDIA</u> Print Name and Signature of Supplier/Representative
---	---