## 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:	WILCONSTRUCT ENTERPRISE	P.O. No.:	<b>P-12-108</b> 11-Dec-12	
Address:	#22 Lower Bonifacio St., Baguio City	Date:		
Tel./Fax No.:	423-4941			
Supplier Registered with:		Term/s of Payment:	on account	
		Mode of Procurement:	Small Value	

10 days

Please deliver to this office within

from receipt hereof the following:

NO. QTY   1 5		UNIT	ITEM DESCRIPTION		UNIT PRICE	
	5	pcs	Flourescent Light, Circular, 22 watts			TOTAL AMOUNT
					83.00	415.00
			Total			
			Less: 5% Final Tax			415.00
		-	1% EWT	18.53		
				3.71		22.24
			Net of Tax			392.76
						332.70

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,

Anilana

IMELDA CRISTETA D. VILLAMAR

**Division Chief, MSD** Certified Budget Available Funds Available in the amount of: PhP 415.00 APPROVED: LILIBETH M. PALACI MARIA LINDA H. GADINGAN Fiscal Controller I/ Fiscal Controller III Nav 12/12 Budget Officer - Des. ELVIRA C. VER Within the COB: 2012 Regional Vice President, PRO-CAR Expense Code: 77410 Budget: Remarks: CONFORME: 12-14-h Received Copy of P.O. on Print Name and Signature of Supplier/Representative