

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-12-110
Date: 11-Dec-12
Term/s of Payment: on account
Mode of Procurement: Small Value

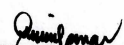
Please deliver to this office _____ 10 days _____ from receipt hereof the following:



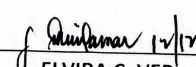
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	box	Carcon Paper, Old Town		
2	104	pcs	Data File Folder, 3" x 9" x 15", vertical file, arch file	113.28	113.28
3	4	pcs	Ribbon, Amano Bundy Clock	94.40	9,817.60
4	12	pcs	Sign Pen, .7mm, black, Dong-A	350.00	1,400.00
				19.75	237.00
			Total		11,567.88
			Less: 5% Final Tax	516.42	
			1% EWT	103.28	
			Net of Tax		10,948.18
					10,812.53

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 11,567.88	APPROVED:
 LILIBETH M. PALACI Fiscal Controller I/ Budget Officer - Des.	 MARIA LINDA H. GADINGAN Fiscal Controller III	 ELVIRA C. VER Regional Vice President, PRO-CAR	
Within the COB:			
Expense Code: <u>774-10</u>			
Budget: _____			
Remarks: _____			

Received Copy of P.O. on

12-14-12

CONFORME:


Print Name and Signature
of Supplier/Representative