

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: The Stable Educational Supply
Address: Lower Bonifacio St., Baguio City
Tel./Fax No.: 444-9665
Supplier Registered with: _____

P.O. No.: P-12-111
Date: 11-Dec-12
Term/s of Payment: on account
Mode of Procurement: Shopping

Please deliver to this office within

10 days

from receipt hereof the following:


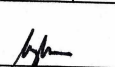
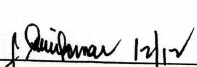
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	96	pcs	Ballpoint Pen, finepoint, black, Pilot	19.75	1,896.00
2	56	pcs	Ballpoint Pen, finepoint, violet, Pilot	19.75	1,106.00
3	131	pcs	Envelope, documentary, 10x15	1.20	157.20
4	68	roll	Tape, packaging, 2", 50M	21.00	1,428.00
5	18	roll	Tape, transparent, 2", 50M	21.00	378.00
			Total		4,965.20
			Less: 5% Final Tax	221.66	
			1% EWT	44.33	
			Net of Tax		265.99
					4,699.21

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 4,965.20	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

12-14-2012


Print Name and Signature
of Supplier/Representative