

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>Laser Marketing</u>                             | P.O. No.: <u>P-12-113</u>            |
| Address: <u>3F SM City, Baguio, Luneta Hill, baguio City</u> | Date: <u>11-Dec-12</u>               |
| Tel./Fax No.: <u>619-7775</u>                                | Term/s of Payment: <u>on account</u> |
| Supplier Registered with: _____                              | Mode of Procurement: <u>Shopping</u> |

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

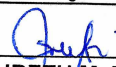
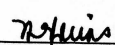
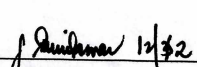
| NO.                | QTY  | UNIT | ITEM DESCRIPTION                          | UNIT PRICE | TOTAL AMOUNT     |
|--------------------|------|------|---|------------|------------------|
| 1                  | 15   | roll | Adhesive Tape, size: 1, 2-sided w/o foam  | 21.00      | 315.00           |
| 2                  | 4    | roll | Adhesive Tape, size: 2, 2-sided w/o foam  | 43.00      | 172.00           |
| 3                  | 144  | pcs  | Ballpoint Pen, finepoint, blue            | 19.75      | 2,844.00         |
| 4                  | 45   | box  | Continuous forms, 11x10-5/8, 2 ply, 70gsm | 1,000.00   | 45,000.00        |
| 5                  | 19   | pcs  | Folder, tagboard, legal                   | 3.30       | 62.70            |
| 6                  | 1000 | pcs  | Laminating Film, 250microns, 70x100mm     | 1.39       | 1,390.00         |
| 7                  | 2    | pcs  | Numbering Machine, Trodat, 6 & 8 digit    | 65.00      | 130.00           |
| 8                  | 27   | box  | Paper Clip, backfold, 2"                  | 54.00      | 1,458.00         |
| 9                  | 11   | pcs  | Ribbon for Bundy Clock, Comix             | 395.00     | 4,345.00         |
| 10                 | 6    | pcs  | Sign Pen, Pilot, Hi-Tech, .7mm, black     | 44.00      | 264.00           |
| 11                 | 13   | pcs  | Sign Pen, Pilot, Hi-Tech, .7mm, blue      | 44.00      | 572.00           |
| 12                 | 7    | pcs  | Sign Pen, Pilot, VS, black                | 44.00      | 308.00           |
| <b>TOTAL</b>       |      |      |   |            | <b>56,860.70</b> |
| Less: 5% Final Tax |      |      |   | 2,538.42   |                  |
| 1% EWT             |      |      |   | 507.68     |                  |
| <b>Net of Tax</b>  |      |      |   |            | <b>53,814.60</b> |

**Terms & Conditions:**

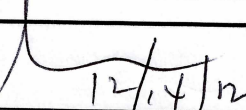
- The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order/P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledged 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 quot Very truly yours, 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: <b>Php 56,860.70</b> | APPROVED:  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <br/> <b>LILIBETH M. PALACI</b><br/>           Fiscal Controller II/<br/>           Budget Officer-Des.         </div> <div style="width: 45%;"> <br/> <b>MIRASOL E. ADRIAS</b><br/>           Fiscal Controller IV         </div> </div> |  | <br><b>ELVIRA C. VER</b><br>Regional Vice President |
| Within the COB: _____<br>Expense Code: <u>774-10</u><br>Budget: _____<br>Remarks: _____  |  |  |
|  |  |  |
|  |  |  |

Received Copy of P.O. on \_\_\_\_\_

CONFORME:   
 Print Name and Signature  
 of Supplier/Representative