

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: Europa Parts & Accessorieshe Stable Educat
 Address: 15 Chugum St., Baguio City
 Tel./Fax No.: _____
 Supplier Registered with: _____

P.O. No.: P-12-118
 Date: 26-Dec-12
 Term/s of Payment: on account
 Mode of Procurement: Shopping

Please deliver to this office within

3 days

from receipt hereof the following:

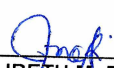

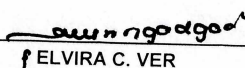
| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|--------------------|-----|------|---|------------|-----------------|
| 1 | 4 | pcs | Inner Bearing(frontier 4 x 2) LM48548) | 280.00 | 1,120.00 |
| 2 | 4 | pcs | Outer Wheel Bearing(frontier 4x2)M12649 | 240.00 | 960.00 |
| 3 | 1 | set | Brake Shoe(frontier 4x2) | 850.00 | 850.00 |
| 4 | 4 | pcs | Inner bearing(hilander) | 220.00 | 880.00 |
| 5 | 2 | pcs | Outer bearing(hilander) | 185.00 | 370.00 |
| Total | | | | | 4,180.00 |
| Less: 5% Final Tax | | | | 186.61 | |
| 1% EWT | | | | 37.32 | |
| Net of Tax | | | | | 223.93 |
| | | | | | 3,956.07 |

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 4,180.00 | APPROVED: |
| <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  LILIBETH M. PALACI Fiscal Controller II Budget Officer-Des. </div> <div style="text-align: center;">  MARIA LINDA H. GADINGAN Fiscal Controller III </div> </div> | |  ELVIRA C. VER Regional Vice President |
| Within the COB: <u>2012</u> Expense Code: <u>847-a)</u> Budget: _____ Remarks: _____ | | |
| | | |
| | | |

Received Copy of P.O. on

12-26-12

CONFORME:


 Print Name and Signature
 of Supplier/Representative