

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: Ongking Auto Supply
 Address: 143 Abanao St., Baguio City
 Tel./Fax No.: 300-5671
 Supplier Registered with: _____

P.O. No.: P-12-119
 Date: 26-Dec-12
 Term/s of Payment: on account
 Mode of Procurement: Local Shopping

Please deliver to this office within 3 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	set	Brakepads(frontier 4 x 2)	450.00	450.00
2	1	pcs	Lower Balljoint(frontier 4x2)	850.00	850.00
3	1	pc	Upper Balljoint(frontier 4x2)	750.00	750.00
4	1	pc	Outer tie rod(frontier 4x2)	450.00	450.00
5	1	pc	Inner tie rod(frontier 4x2)	640.00	640.00
6	2	pcs	Upper Balljoint(hilander)	750.00	1,500.00
7	2	pcs	Lower Balljoint(hilander)	1,050.00	2,100.00
8	2	pcs	Outer tie rod(hilander)	440.00	880.00
9	2	sets	Bakepads(hilander)	450.00	900.00
10	2	pcs	Upper balljoint(fuego 4x4)	750.00	1,500.00
11	2	pcs	Lower balljoint(fuego 4x4)	820.00	1,640.00
12	4	pcs	Inner wheel bearing(fuego 4x4)32009	480.00	1,920.00
13	4	pcs	Outer Wheel Bearing(fuego 4x4)32008	450.00	1,800.00
14	1	set	Brake Shoe(fuego 4x4)	1,400.00	1,400.00
15	2	sets	Brakepads(fuego 4 x 4)	450.00	900.00
16	2	pcs	Suspension Bushing(fuego 4x4)	150.00	300.00
Total					17,980.00
Less: 5% Final Tax				802.68	
1% EWT				160.54	
Net of Tax					17,016.78

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
IMELDA CRISTETA D. VILLAMAR
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of: PhP 17,980.00	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>Lilibeth M. Palaci</i> LILIBETH M. PALACI Fiscal Controller I/ Budget Officer-Des.</p> </div> <div style="width: 45%;"> <p><i>Maria Linda H. Gadingan</i> MARIA LINDA H. GADINGAN Fiscal Controller III</p> </div> </div>		<p><i>Elvira C. Ver</i> ELVIRA C. VER Regional Vice President</p>
Within the COB: <u>2012</u> Expense Code: <u>847-00</u> Budget: _____ Remarks: _____		

Received Copy of P.O. on <u>Dec 26 2012</u>	CONFORME <i>[Signature]</i> Print Name and Signature of Supplier/Representative
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