

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: <u>De Guzman Drug</u>	P.O. No.: <u>P-12-123</u>
Address: <u>Mabini St., Baguio City</u>	Date: <u>26-Dec-12</u>
Tel./Fax No.: <u>442-7771</u>	Term/s of Payment: <u>on account</u>
Supplier Registered with: _____	Mode of Procurement: <u>Local Shopping</u>

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

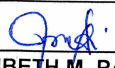

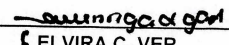
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Glucometer	1,200.00	1,200.00
			TOTAL		1,200.00
			Less: 5% Final Tax	53.57	
			1% EWT	10.71	
			Net of Tax		64.28
					1,135.72

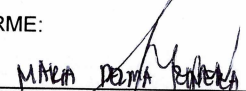
Terms & Conditions:

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 sh Very truly yours, 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 <u>1,200.00</u>	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  LILIBETH M. PALACI Fiscal Controller II/ Budget Officer-Des. </div> <div style="width: 45%;">  MARIA LINDA H. GADINGAN Fiscal Controller III </div> </div>		 ELVIRA C. VER Regional Vice President
Within the COB: <u>2012</u>		
Expense Code: <u>898-10</u>		
Budget: _____		
Remarks: <u>Carga</u>		

Received Copy of P.O. on <u>12/20/12</u>	CONFORME:
	 Print Name and Signature of Supplier/Representative