

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: Northeast Medical Trading P.O. No.: P-12-124  
Address: 10 Marcos Highway, Baguio Citi Date: 26-Dec-12  
Tel./Fax No.: \_\_\_\_\_ Term/s of Payment: cod  
Supplier Registered with: \_\_\_\_\_ Mode of Procurement: Small Value

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



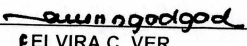
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Basic Diagnostic Set	11,000.00	11,000.00
			Composed of: 1 pc Ophthalmoscope, head model111470		
			1 pc Otoscope, headmodel 24031		
			1 pc 2.5v steel handle		
			1 pc original case		
			2 pcs Alkaline Battery (size C)		
			4 pc Specula (diff. sizes)		
			<b>Total</b>		<b>11,000.00</b>
			Less: 5% Final Tax	491.07	
			1% EWT	98.21	589.28
			<b>Net of Tax</b>		<b>10,410.72</b>

**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.

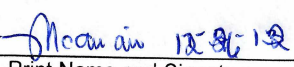
Very truly yours,

  
**IMELDA CRISTETA D. VILLAMAR**  
Division Chief, MSD

Certified Budget Available	Funds Available in the amount of: PhP <b>11,000.00</b>	APPROVED:
 <b>LILIBETH M. PALACI</b> Fiscal Controller I/ Budget Officer-Des.	 <b>MARIA LINDA H. GADINGAN</b> Fiscal Controller III	 <b>FELVIRA C. VER</b> Regional Vice President
Within the COB: <u>2012</u>		
Expense Code: <u>276-10</u>		
Budget: <u>CARPER</u>		
Remarks:		

CONFORME:

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

  
Print Name and Signature  
of Supplier/Representative