

Republic of the Philippines
Philippine Health Insurance Corporation
PHILHEALTH REGIONAL OFFICE - CORDILLERA ADMINISTRATIVE REGION
4/F SSS Bldg., Harrison Road, Baguio City
Tel. # (074) 444-9862 / 444-8361 / 446-0371

PURCHASE ORDER

Supplier: Robinson Handyman, Inc.
Address: 3F Baguio Centermall, Magsaysay Ave., Baguio City
Tel./Fax No.: 304-1615
Supplier Registered with: _____

P.O. No.: P-12-136
Date: 26-Dec-12
Term/s of Payment: cod
Mode of Procurement: Small Value

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

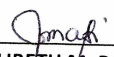

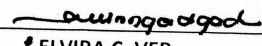
| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|-------------------------------|------------|----------------------------|
| 1 | 7 | unit | Trolley/Coffee Cart, foldable | 2,195.00 | 15,365.00 |
| | | | Total | | 15,365.00 |
| | | | Less: 5% Final Tax | 685.94 | |
| | | | 1% EWT | 137.19 | |
| | | | Net of Tax | | 823.13 755.35 |
| | | | | | 14,541.87 14,609.65 |

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.

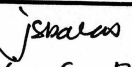
Very truly yours,


IMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

| | | |
|---|--|---|
| Certified Budget Available | Funds Available in the amount of PhP 15,365.00 | APPROVED: |
|  LILIBETH M. PALACI Fiscal Controller I/ Budget Officer - Des. |  MARIA LINDA H. GADINGAN Fiscal Controller III |  ELVIRA C. VER Regional Vice President, PRO-CAR |
| Within the COB: <u>2012</u> | | |
| Expense Code: <u>2722-0</u> | | |
| Budget: <u>CA 112</u> | | |
| Remarks: _____ | | |

Received Copy of P.O. on _____

12/26/12

CONFORME 

Jenny Xi S. Balas

Print Name and Signature
of Supplier/Representative