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:	Sur	e Tire Trad	ding		P.O. No.: Date:		<b>P-12-145</b> Dec. 26, 2012	
Address:			, Baguio City					
Tel./Fax No.:					Term/s of Payment:		on account	
Supplier Registered with:					Mode of Procurement:		Small Value	
Plea	se deliver	to this offic	ce within	10 da	ys		from receipt hereof	the following:
NO. QTY UNIT			ITEM DESCRIPTION				UNIT PRICE	TOTAL AMOUNT
NO. 0			e 30 x 9.5 x 15 ri	m (AT- Bridgetone)	11011		9,061.08	36,244.32
1		P 00						
The second secon								
		То	tal					36,244.32
			Less: 5% Fir		1,618.05 323.61			1,941.66
			Net of Tax	v i	323.01			34,302.66
			Tree or rea					
								,
<ol> <li>If the date of it was acknown.</li> <li>Delivery Re</li> <li>Defective, in delivery.</li> <li>Payment sh</li> </ol>	of receipt of powledged to ceipt and Soncompatible all be made	f the Purch to have bee Sales Invoice or non-co	en received by ce shall be requestion on the compliant of good bject to corresp	<ul> <li>by the dealer is not in a representative either uired for the one-time of ids as to specification we conding government ta</li> </ul>	through fax or e-mail. complete delivery of the when quoted shall be r	ne goods rejected	and returned at the	time of
receipt of C	ertificate of	Acceptan	ice and Inspect	юп Кероп.				
Very tro						ery truly	uly yours,	
							Lucoman	
						IM	ELDA CRISTETA I Division Chief,	
Certified Budget	Available		Funds Availabl	e in the amount of:	PhP <b>36,244.32</b> A	APPROV	ED:	
Certified Budget	Available			1.1				
Am	rest			Man				
Within the COB: Expense Code:	Ontroller I	2013 847	2	Maria Linda∕H. Gading Fiscal Controller III	gan	Re	<b>f ELVIRA C. V</b> gional Vice Preside	·
Budget: Remarks:								
					CONFORME:		F'	
Received Copy	y of P.O. or	n	Dec. 2	28, 2012	Car	101	Orate	_
							Signature esentative	