

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: JC Commercial
Address: G/F Baguio Centermall, Magsaysay St. BC
Tel./Fax No.: 442-5228
Supplier Registered with: _____

P.O. No.: P-13-002
Date: 4-Feb-13
Term/s of Payment: on account
Mode of Procurement: Small Value

Please deliver to this office within 5 days from receipt hereof the following:



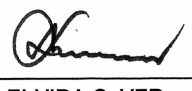
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	bk	Cash Book for Regular Disb. Officer	580.00	580.00
2	15	bk	Cash Book for Special Disb. Officer	580.00	8,700.00
			TOTAL		9,280.00
			Less: 5% Final Tax	414.29	
			1% EWT	82.86	497.15
			Net of Tax		8,782.85


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 9,280.00	APPROVED:
<div style="display: flex; justify-content: space-around;"><div> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.</div><div> MARIA LINDA H. GADINGAN Fiscal Controller III</div></div>		<div style="text-align: center;"> ELVIRA C. VER Regional Vice President 2/5/13</div>
<div>Within the COB: <u>2013</u></div> <div>Expense Code: <u>774-10</u></div> <div>Budget: _____</div> <div>Remarks: _____</div>		

Received Copy of P.O. on <u>2/5/13</u>	CONFORME:  Print Name and Signature of Supplier/Representative
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