

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>Incline Trading</u>	P.O. No.: <u>P-13-007</u>
Address: <u>Assumption Rd., Baguio City</u>	Date: <u>20-Feb-13</u>
Tel./Fax No.: <u>304-1334</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 10 days from receipt hereof of the following:


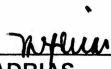

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	ca	Ink, Epson TO # 38	545.00	545.00
2	3	ca	Ink, HP CB 540A, black	2,995.00	8,985.00
3	2	ca	Ink, HP CB 541A, cyan	2,765.00	5,530.00
4	2	ca	Ink, HP CB 542A, yellow	2,765.00	5,530.00
5	2	ca	Ink, HP CB 543A, magenta	2,765.00	5,530.00
6	1	ca	Ink, HP # 18, black	925.00	925.00
7	1	ca	Ink, HP # 18, cyan	685.00	685.00
8	1	ca	Ink, HP # 18, magenta	685.00	685.00
9	1	ca	Ink, HP # 18, yellow	685.00	685.00
10	7	ca	Toner, HP P3015, 55A	6,850.00	47,950.00
Total					77,050.00
Less: 5% Final Tax				3,439.73	
1% EWT				687.95	
Net of Tax					72,922.32

Terms & Conditions:

- 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.
- 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.
- Delivery Receipt and Sales Invoice shall be required for the one-time complete delivery of the goods.
delivery.
receipt of Certificate of Acceptance and Inspection Report.

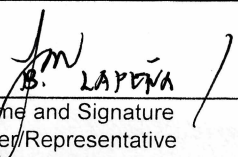
Very truly yours,


IMELDA CRISTETA D. VILLAMAR
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of: PhP 77,050.00	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  LILIBETH M. PALACI Fiscal Controller I/ Budget Officer - Des. </div> <div style="width: 45%;">  MIRASOL E. ADRIAS Fiscal Controller IV </div> </div>		 ELVIRA C. VER Regional Vice President <div style="text-align: right; font-size: 1.5em;">2/21/13</div>
Within the COB: <u>2013</u>		
Expense Code: <u>725-00</u>		
Budget: _____ Remarks: _____		

CONFORME:

Received Copy of P.O. on _____


EREN B. LAPINA
 Print Name and Signature
 of Supplier/Representative

02-21-13