

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>Enigma</u>	P.O. No.: <u>P-13-009</u>
Address: <u>3F West Burnham Place, Kisad Rd., B.C.</u>	Date: <u>20-Feb-13</u>
Tel./Fax No.: <u>446-1629</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 the following:




NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	12	spool	Ribbon, Epson, RN8750	95.00	1,140.00
2	30	pcs	RJ Connectors	5.00	150.00
<b>TOTAL</b>					<b>1,290.00</b>
Less: 5% Final Tax 63.48					57.88
1% EWT 12.70					11.57
<b>Net of Tax</b>					<b>1,226.82</b>

**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.
- Defective, incompatible or non-compliant of goods as to specification when quoted sh: Very truly yours, delivery.
- 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,

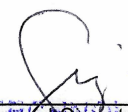
  
**IMELDA CRISTETA D. VILLAMAR**  
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of: <u>1,226.82</u>	Php	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">   <b>LILIBETH M. PALACI</b>            Fiscal Controller I/            Budget Officer - Des.         </div> <div style="width: 45%;">   <b>MARIA LINDA H. GADINGAN</b>            Fiscal Controller III         </div> </div>		<div style="text-align: center;">   <b>ELVIRA C. VER</b>            Regional Vice President    <u>2/21/13</u> </div>	
Within the COB: <u>2013</u>			
Expense Code: <u>785-00</u>			
Budget: _____ Remarks: _____			

CONFORME:

Received Copy of P.O. on

Feb. 26, 2013

  
 Print Name and Signature  
 of Supplier/Representative

PAYED 2/25