

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: <u>JC Commercial</u>	P.O. No.: <u>P-13-018</u>
Address: <u>G/F Baguio Centermall, Magsaysay St. BC</u>	Date: <u>6-Mar-13</u>
Tel./Fax No.: <u>442-5228</u>	Term/s of Payment: <u>on account</u>
Supplier Registered with: _____	Mode of Procurement: <u>Small Value</u>

Please deliver to this office within 10 days from receipt hereof of the following:



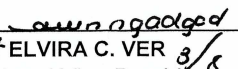
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	227	PC	BALLPEN, ordinary, black	3.75	851.25
2	116	PC	BALLPEN, ordinary, blue	3.75	435.00
3	13	PC	BATTERY, Alkaline, 9v	164.00	2,132.00
4	16	PC	BOX, Cash Box for SDO	1,250.00	20,000.00
5	3	box	CaRBON PAPER, ordinary, A4	98.00	294.00
6	6	BOX	CARBON PAPER, ordinary, legal	124.00	744.00
7	23	BOT	CORRECTION PEN, waterbased	19.50	448.50
8	1	PC	GLUE GUN, big, heavy duty	72.00	72.00
9	27	PC	PAPER CLAMP, medium	3.50	94.50
10	1	PC	PUNCHER, heavy duty w/1hole	45.00	45.00
11	34	PC	STAPLE WIRE REMOVER, standard, twin jaws	11.50	391.00
<b>TOTAL</b>					<b>25,507.25</b>
Less: 5% Final Tax				1,138.72	
1% EWT				227.74	1,366.46
<b>Net of Tax</b>					<b>24,140.79</b>

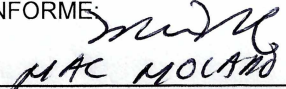
**Terms & Conditions:**

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 <b>25,507.25</b>	APPROVED:
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"> <b>LILIBETH M. PALACI</b> Fiscal Examiner A/ Budget Officer - Des.</div><div style="width: 45%;"> <b>MARIA LINDA H. GADINGAN</b> Fiscal Controller III</div></div>		 <b>FELVIRA C. VER</b> Regional Vice President
Within the COB: <u>2013</u>		
Expense Code: <u>774-10</u>		
Budget: _____		
Remarks: _____		

Received Copy of P.O. on _____	CONFORME:  <b>MAC MOLANO</b> Print Name and Signature of Supplier/Representative
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