## 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:		Laser Marketing				P.O.	No.:	P-13-020		
Address		3F SM City, Baguio, Luneta Hill, baguio City				Date:		6-Mar-13		
Tel./Fax No.:		619-7775				Term	Term/s of Payment:		cod	
Supplier	Register	red with:			Mode	Mode of Procurement:		Shopping		
	Please o	deliver to	this office w	vithin	upo	n payment		from receipt he	ereof the following:	
NO.	QTY	UNIT ITEM DESCR				RIPTION	RIPTION		TOTAL AMOUNT	
1	1	pcs	Microphone, desk-type, goose-neck				154.00	154.00		
		TOTAL						154.00		
			Less:	5% F	inal Tax		6.88			
				1% I	EWT		1.38		8.25	
			Net of Tax						145.75	
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<ol> <li>Delive</li> <li>Defect</li> <li>delive</li> <li>Paym</li> </ol>	ery Recei ctive, inco ery. nent shall	ipt and Sa ompatible be made	ales Invoice or non-com in full subje	shall pliant ect to	be required for the of goods as to s	ne one-time of pecification volumes.	through fax or e- complete delivery when quot Very to xes within fifteen	of the goods.	ys upon	
	Very truly							ruly yours,	y yours,	
	Q						Quilena	Quilana		
							IMI	ELDA CRISTETA Division Chi	A D. VILLAMAR ef, MSD	
Certified I	Budget Av	ailable	Funds Ava	ailable	in the amount of:	PhP	<b>154.00</b> APPR	OVED:		
N.al					hh	_			,	
<b>WILIB</b>	ETH M. P	ALACI *	14 -	MAI	RIA LINDA H. G.	ADINGAN	- ` `			
	al Examin		• (		Fiscal Controlle	er III		موييع	godgod /	
Budget Officer-Des.								FELVIRA C. VER 3/6 Regional Vice President		
Within the Expense C								Regional Vice	President 5	
Expense c Budget:	oue.		<u></u>							
Remarks:									Q	
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							And Floor	ASER ACTIVATION OF THE PROPERTY OF THE PROPERT		
						CONF	ORME:	e Vr. (174) 424-	IDO HO Baguió City 1371	

Print Name and Signature of Supplier/Representative

Received Copy of P.O. on \_