

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>Tiong San - Harrison</u>	P.O. No.: <u>P-13-021</u>
Address: <u>Harrison Rd., Baguio City</u>	Date: <u>6-Mar-13</u>
Tel./Fax No.: <u>443-9384</u>	Term/s of Payment: <u>cod</u>
Supplier Registered with: _____	Mode of Procurement: <u>Shopping</u>

Please deliver to this office within _____ upon payment _____ from receipt hereof the following:

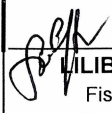

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	rolls	Electrical Tape	19.50	97.50
2	3	SET	HARDWARE SUPPLY, Ext. Cord, 3-gang, 5m	215.00	645.00
3	1	PC	HARDWARE SUPPLY, outlet, 4-gang	75.00	75.00
4	15	PC	HARDWARE SUPPLY, starter, 40w	7.00	105.00
5	1	UNIT	HARDWARE TOOLS, Screw Driver, flat	52.00	52.00
6	1	UNIT	HARDWARE TOOLS, Screw Driver, Philips	59.25	59.25
			Total		1,033.75
			Less: 5% Final Tax	46.15	
			1% EWT	9.23	55.38
			Net of Tax		978.37

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.

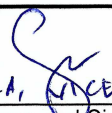
Very truly yours,


IMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

Certified Budget Available	Funds Available in the amount of: PhP 1,033.75	APPROVED:
<div style="display: flex; justify-content: space-between;"><div> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer-Des.</div><div> MARIA LINDA H. GADINGAN Fiscal Controller III</div></div>		<div style="border-top: 1px solid black; margin-top: 20px;">ELVIRA C. VER Regional Vice President</div>
Within the COB: _____		
Expense Code: _____		
Budget: _____		
Remarks: _____		

Received Copy of P.O. on _____

CONFORME:


MENDOZA, ACEITO
Print Name and Signature
of Supplier/Representative