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: | Northlander General Mercantile | P.O. No.: | P-13-022 | |
|---------------------------|--------------------------------|----------------------|----------------|--|
| Address: | Session Rd., Baguio City | Date: | 6-Mar-13 | |
| Tel./Fax No.: | | Term/s of Payment: | c.o.d. | |
| Supplier Registered with: | | Mode of Procurement: | Local Shopping | |
| 5 | | | | |

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|----------------------|-----|-------|--|------------|--------------|
| 1 | 20 | UNIT | HARDWARE SUPPLY, Adapter, universal | 45.00 | 900.00 |
| | 10 | PC | HARDWARE SUPPLY, bulb, 18w, screw type | 170.00 | 1,700.00 |
| | 2 | PC | HARDWARE SUPPLY, Duct Tape, size 2 | 150.00 | 300.00 |
| | 10 | TUBE | HARDWARE SUPPLY, Epoxy, clear | 50.00 | 500.00 |
| | 1 | SET | HARDWARE SUPPLY, Paint Brush, 1 2, 2-1/2, 3 | 400.00 | 400.00 |
| | 60 | METER | HARDWARE SUPPLY, wire, electrical, flat, #16 | 26.00 | 1,560.00 |
| ala englis - stand e | | | TOTAL | | 5,360.00 |
| | | | Less: 5% Final Tax 239.29 1% EWT 47.86 | | 287.15 |
| | | | Net of Tax | | 5,072.85 |
| | | | | | |

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 sh Very truly yours, 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, | | |
|----------------------------|---------------------------------------|----------|---|--|--|
| | | | Shuileman | | |
| | | | IMELDA CRISTETA D. VILLAMAR | | |
| | | | Division Chief, MSD | | |
| | | | | | |
| Certified Budget Available | Funds Available in the amount of: PhP | 5,360.00 | APPROVED: | | |
| nolf/ | Jul | | | | |
| TLINBETH M. PALACI | MARIA LINDA H. GADINGAN | | | | |
| Fiscal Controller II/ | Fiscal Controller III | | felvira c. ver 3/2 | | |
| Budget Officer - Des. | | | $\int ELVIRA C. VER 3/1$ | | |
| Within the COB: | | | Regional Vice President | | |
| | | | | | |
| Expense Code: | | | | | |
| Budget: | | | | | |
| Remarks: | | | | | |
| | | | | | |
| | | | | | |
| | 29-31 Session Road, Baguio City | | | | |
| Received Copy of P.O. on | <u>_</u> | Print | ame and Signature 42-3701 blier/Representative | | |
| | | or Supp | henrepresentative | | |