

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: Robinson's Handyman P.O. No.: P-13-023
Address: Baguio Cnetermall, Magsaysay Ave., Baguio City Date: 6-Mar-13
Tel./Fax No.: 304-1615/250-6027 Term/s of Payment: cod
Supplier Registered with: _____ Mode of Procurement: Local Shopping

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



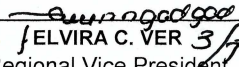
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	PC	HARDWARE SUPPLY, ballast, 40watts	394.00	3,940.00
2	10	PC	HARDWARE SUPPLY, Flourescent Tube, 40w	64.75	647.50
3	6	PC	HARDWARE SUPPLY, Flourescent Tube, 36w	54.00	324.00
4	2	PC	HARDWARE SUPPLY, Plug, heavy duty	25.75	51.50
5	2	PC	HARDWARE SUPPLY, Surge Protector w/ ext. cord, 5-6 holes	590.00	1,180.00
			Total		6,143.00
			Less: 5% Final Tax	274.24	
			1% EWT	54.85	329.09
			Net of Tax		5,813.91

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 6,143.00	APPROVED:
<div> LIBETH M. PALACI Fiscal Controller II/ Budget Officer - Des.</div> <div> MARIA LINDA H. GADINGAN Fiscal Controller III</div>		<div> ELVIRA C. VER Regional Vice President</div>
Within the COB: _____		
Expense Code: _____		
Budget: _____		
Remarks: _____		

CONFORME: 

Received Copy of P.O. on _____

Jenny Vi S. Balas 3-8-13
Print Name and Signature
of Supplier/Representative