

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office - Cordillera Administrative Region
4/F SSS Bldg., Harrison Road, Baguio City
Tel. # (074) 444-5345/446-0371

POMM-P-006

PURCHASE ORDER

Supplier: WILCONSTRUCT P.O. No.: P-13-030
Address: Lower Bonifacio, Baguio City Date: 3-May-13
Tel./Fax No.: 424-5742 Term/s of Payment: on account
Supplier Registered with: _____ Mode of Procurement: Small Value

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



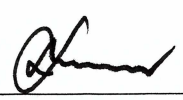
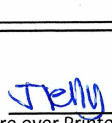
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Air Compressor, portable, heavy duty, 2.0HP	22,800.00	22,800.00
			***Includes:		
			> Airtool Kit w *Engine Cleaner		
			*Spray Gun		
			*Tire Inflator		
			*Air Duster		
			*5 meters Hose		
			> 15 m separate hose		
			> 20 m # 16 Ext. Wire		
			> 4-Gang Outlet		
			> 20 Amp Male Plug		
			> 100 m # 6 Wire		
			> 2 pcs Wire Connector		
			TOTAL		22,800.00
			Less: 5% Final Tax	1,017.86	
			1% EWT	203.57	1,221.43
			Net of Tax		21,578.57

Terms & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of P.O.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.
- In case of returned/ rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.

Very truly yours,


IMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

Certified Budget Available		Funds Available in the amount of: PhP 22,800.00	APPROVED:
 LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	 MARIA LINDA H. GADINGAN Fiscal Controller III		 ELVIRA C. VER Regional Vice President 5/3/13
Within the COB: <u>2013</u>			
Expense Code: <u>278-10</u>			
Budget: _____			
Remarks: _____			
Conforme:  Signature over Printed Name and Position of Authorized Representative			Date: _____