

Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
**PhilHealth Regional Office - Cordillera Administrative Region**  
4/F SSS Bldg., Harrison Road, Baguio City  
Tel. # (074) 444-5345/448-0371

POMM-P-006

**PURCHASE ORDER**

Supplier: <u>DCI International IT Solutions &amp; Services Corp.</u>	P.O. No.: <u>P-13-032</u>
Address: <u>Unit 3A Comtal Bldg., L1D1 Victoria's Place</u>	Date: <u>6-May-13</u>
<u>C. Raymundo Ave., Caniogan, Pasig City</u>	Term/s of Payment: <u>on account</u>
Tel./Fax No.: <u>(02) 621-3688/621-3600</u>	Mode of Procurement: <u>Shopping</u>
Supplier Registered with: _____	


Please deliver to this office within 30 days from receipt hereof the following:

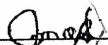
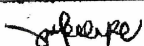
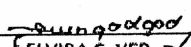
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc	Toner, Lexmark E230	4,984.10	4,984.10
2	10	pcs	Toner, Xerox Phaser 4600	12,100.00	121,000.00
TOTAL					125,984.10
Less: 5% Final Tax				5,624.29	
1% EWT				1,124.86	6,749.15
Net of Tax					119,234.95

**Terms & Conditions:**

1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services.
2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of P.O.
3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
4. 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.
5. 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

<p>Certified Budget Available _____ Funds Available in the amount of: PhP <u>125,984.10</u></p> <p> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.</p> <p>Within the COB: <u>2013</u></p> <p>Expense Code: <u>78-0 4984.10</u></p> <p>Budget: <u>774-10 126,000</u></p> <p>Remarks _____</p> <p>Conforme:  <u>5/7/13</u> MICHELLE T. FELIPE /account Manager Signature over Printed Name and Position of Authorized Representative</p>	<p>APPROVED:</p> <p style="text-align: center;"> FELVIRA C. VER Regional Vice President</p> <p style="text-align: center;">_____ Date</p>
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