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:	Inkline Trading	P.O. No.: **P-13-033**
Address:	Assumption Rd., Baguio City	Date: 6-May-13
Tel./Fax No.:	304-1334	Term/s of Payment: on account
Supplier Registered with:		Mode of Procurement: Shopping

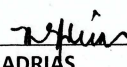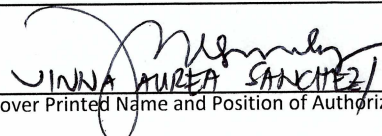Please deliver to this office within _____ 10 days _____ from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	ca	Ink, HP CB541A, blue	3,095.00	12,380.00
2	4	ca	Ink, HP CB542A, yellow	3,095.00	12,380.00
3	4	ca	Ink, HP CB543A, magenta	3,095.00	12,380.00
4	3	pc	Toner, HP PRO401n, 80A	4,790.00	14,370.00
			TOTAL		**51,510.00**
			Less: 5% Final Tax	2,299.55	
			1% EWT	459.91	2,759.46
			Net of Tax		**48,750.54**

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 thr 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 retuned/ 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 51,510.00	APPROVED:
LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	**MIRASOL E. ADRIAS** Fiscal Controller IV	**ELVIRA C. VER** Regional Vice President
Within the COB: 2013		
Expense Code: 765-00		
Budget:		
Remarks		Date
Conforme:		
INNA MURTA SANCHEZ/ inkline Signature over Printed Name and Position of Authorized Representative		