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:	_		lucational Supply	P.O. No.: Date:	P-13-036 15-May-13		
Address:		ower Bon	ifacio St.;, Baguio City				
Tel./Fax No.: 444-9665				Term/s of Payment:		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	100	pcs	Ballpoint Pen, black		19.75	1,975.00	
2	100	pcs	Ballpoint Pen, blue		19.75	1,975.00	
3	15	pcs	Marking Pen, Permanent, black, bullet tip		28.75	431.25	
4	2	pcs	Stapler		160.00	320.00	
5	1	pcs	White board, wall mounted, 4 x 3		1,176.00	1,176.00	
6	1	pcs	Cork Board, 4x3, wqllmounted		912.00	912.00	
			,				
			TOTAL			6,789.25	
			Less: 5% Final Tax	303.09		262.71	
			1% EWT	60.62		363.71	
			Net of Tax			6,425.54	
 NO price Non-ava PhilHealth defective In case o 	e Order (PO) increase sha ilability of sto th shall have incomplete of retuned/re	III be made ock shall be the right to , non-com ejected ite	ccepted by the supplier before the delivery of good e by thr supplier within seven (7) days from the dat e made known to PhilHealth before the acceptance or eject and return the items and cancel the corresupliant as to specification when quoted. In which cannot be replaced within seven (7) caler ment made "in cash" or "in check" three (3) calends	e of the acceptance of P.O. of PO. ponding PO if goods delived dar days from notice, PhilH ar days. Very truly you	ealth rs, Children Cristeta D		
Certified Budge	et Available		Funds Available in the amount of: PhP	6,789.25 APPROVED:	Division Chief,	IVISD	
LILIP	ETH M. PALA al Examiner A et Officer - D	/ es. <u>20</u>	MARIA LINDA H. GADINGAN Fiscal Controller III	0,763.25 AFFROVED.	∫ELVIRA C. V Regional Vice Pr	esident	
Conforme:	Signature	over Printe	Ful_Mag C 24-2013 Id Name and Position of Authorized Representative		Date		