


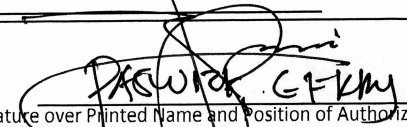


## POMM-P-006

Supplier:	Hi-Tech Office System & Supplies Corp.	P.O. No.:	P-13-037
Address:	Lower Bonifacio St., Baguio City	Date:	15-May-13
Tel./Fax No.:	444 2994	Term/s of Payment:	on account
Supplier Registered with:		Mode of Procurement:	Shopping

[illegible]

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.

<p>Certified Budget Available</p>	<p>Funds Available in the amount of</p>	<p>PhP</p>	<p>19,041.40</p>	<p>APPROVED:</p>
<p>  <b>LILIBETH M. PALACI</b>  Fiscal Examiner A/  Budget Officer - Des.</p>	<p>  <b>MARIA LINDA H. GADINGAN</b>  Fiscal Controller III</p>	<p>  <b>ELVIRA C. VER</b>  Regional Vice President</p>		
<p>Within the COB: <u>2013</u></p>				
<p>Expense Code: <u>794-10</u></p>				
<p>Budget: _____</p>				
<p>Remarks: _____</p>				
<p>Conforme:   Signature over Printed Name and Position of Authorized Representative</p>	<p>Date _____</p>			