

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: Incline Trading P.O. No.: P-13-038  
 Address: Assumption Rd., Baguio City Date: 5-Jun-13  
 Tel./Fax No.: 304-1334 Term/s of Payment: cod  
 Supplier Registered with: \_\_\_\_\_ Mode of Procurement: Shopping

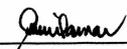
Please deliver to this office within 10 days from receipt hereof of the following:

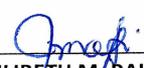
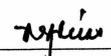
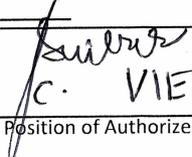
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	7	pcs	Toner, Fuji Xerox Phaser 4600 (40,000 pages)	17,100.00	119,700.00
<b>TOTAL</b>					<b>119,700.00</b>
			Less: 5% Final Tax	5,343.75	
			1% EWT	1,068.75	6,412.50
<b>Net of Tax</b>					<b>113,287.50</b>

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 <u>119,700.00</u>	APPROVED:
 <b>LILIBETH M. PALACI</b> Fiscal Examiner A/ Budget Officer - Des.	 <b>MIRASOL E. ADRIAS</b> Fiscal Controller IV	 <b>FELVIRA C. VER</b> Regional Vice President
Within the COB: <u>2013</u>	Expense Code: <u>745-00</u>	<u>6/21/13</u> Date
Budget: _____	Remarks: _____	
Conforme:  <b>ARLENE C. VIERNÉ</b>	Signature over Printed Name and Position of Authorized Representative	

