

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:

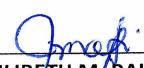
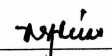

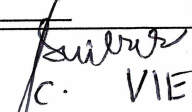
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	7	pcs	Toner, Fuji Xerox Phaser 4600 (40,000 pages)	17,100.00	119,700.00
			TOTAL		119,700.00
			Less: 5% Final Tax	5,343.75	
			1% EWT	1,068.75	6,412.50
			Net of Tax		113,287.50

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

Certified Budget Available		Funds Available in the amount of: PhP 119,700.00	APPROVED:
 LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	 MIRASOL E. ADRIAS Fiscal Controller IV		 FELVIRA C. VER Regional Vice President
Within the COB: <u>2013</u>			
Expense Code: <u>785-00</u>			
Budget: _____			
Remarks: _____			
Conforme:  ARLENE C. VIERNE			<u>6/21/13</u> Date
Signature over Printed Name and Position of Authorized Representative			

