

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: <u>CD-R KING</u>	P.O. No.: <u>P-13-039</u>
Address: <u>3F Abanao Sq., Baguio City</u>	Date: <u>7-Jun-13</u>
Tel./Fax No.: <u>422-4944</u>	Term/s of Payment: <u>cod</u>
Supplier Registered with: _____	Mode of Procurement: <u>Small Value</u>

Please deliver to this office upon payment hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	units	Money Detector, OE-004-NX, Ultraviolet Money Detector	280.00	560.00
TOTAL					560.00
Less: 5% Final Tax				25.00	
1% EWT				5.00	30.00
Net of Tax					530.00


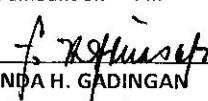
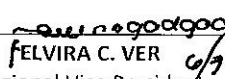

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**Terms & Conditions:**

- 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: <u>PHP</u> <u>560.00</u>	APPROVED:
 <b>LILIBETH M. PALACI</b> Fiscal Examiner A/ Budget Officer - Des.	 <b>MARIA LINDA H. GADINGAN</b> Fiscal Controller III	 <b>FELVIRA C. VER</b> Regional Vice President
Within the COB: <u>2013</u>		Date
Expense Code: <u>276-10</u>		
Budget: _____		
Remarks: <u>CAMEX</u>		
Conforme:  Signature over Printed Name and Position of Authorized Representative		