

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: NORTHLANDER GENERAL MERCANTILE P.O. No.: P-13-040  
Address: 29-31 Session Rd., Baguio City Date: 7-Jun-13  
Tel./Fax No.: 442-2911/442-3701 Term/s of Payment: cod  
Supplier Registered with: \_\_\_\_\_ Mode of Procurement: Small Value

Please deliver to this office upon payment hereof the following:


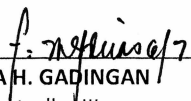
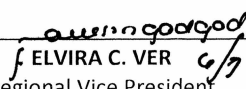
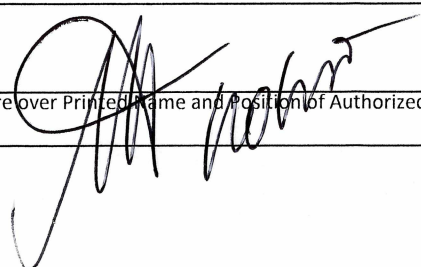
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Gun Tacker for UTP Cable, "KYK" # KTG - 3KTN	847.00	847.00
			<b>TOTAL</b>		<b>847.00</b>
			Less: 5% Final Tax	37.81	
			1% EWT	7.56	45.37
			<b>Net of Tax</b>		<b>801.63</b>

**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 <b>847.00</b>	APPROVED:
 <b>LILIBETH M. PALACI</b> Fiscal Examiner A/ Budget Officer - Des.		 <b>MARIA LINDA H. GADINGAN</b> Fiscal Controller III	 <b>ELVIRA C. VER</b> Regional Vice President
Within the COB: <u>2013</u>			
Expense Code: <u>278-10</u>			
Budget: _____			
Remarks: <u>CARER</u>			
Conforme: 			Date: _____
Signature over Printed Name and Position of Authorized Representative			