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:	PRINTERS & PUBLISHERS SERVICE COOPERATIVE	P.O. No.:	P-13-043
Address:	108 Bokawkan Rd., Baguio City	Date:	25-Jun-13
Tel./Fax No.:	444-2805	Term/s of Payment:	on account
Supplier Registered with:		Mode of Procuremen	Small Value

within 10 days

Please deliver to this office

hereof the following:

NO.	QTY	UNIT	ITEM DESCR	IPTION	UNIT PRICE	TOTAL AMOUNT
1	241	pcs	Envelope, expanding, w/o cover, lega	l size	14.00	3,374.00
			TOTAL			3,374.00
			Less: 5% Final Tax	150.63		
			1% EWT	30.13		180.76
			Net of Tax			3,193.24
				1		
4					1	
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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 thr 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 retuned/ 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 APPROVED: 3,374.00 Funds Available in the amount of: PhP Certified Budget Available GADINGAN MARIA LINDA H LILIBETH M. PALACI Fiscal Controller III Fiscal Examiner A/ ELVIRA C. VER Budget Officer - Des. COOP VICE Regional Vice President Within the COB: Expense Code: City nio E Budget: Remarks Date Conforme: Signature over Printed Name and Position of Authorized Representative