

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>SANVICARE MEDICAL SUPPLY</u>	P.O. No.: <u>P-13-044</u>
Address: <u>Porta Vaga Mall, Session Rd., Baguio City</u>	Date: <u>25-Jun-13</u>
Tel./Fax No.: <u>424-7083</u>	Term/s of Payment: <u>on account</u>
Supplier Registered with: _____	Mode of Procurement: <u>Small Value</u>

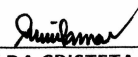
Please deliver to this office within 10 days hereof the following:


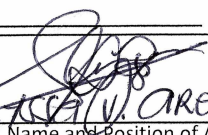
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	set	Medical First Aid Kit	2,950.00	2,950.00
			***Includes: Utility Box w/ multiple divisions	970.-	
			Aneroid Sphygmomanometer	1050.-	
			Stethoscope		
			Digital Thermometer	150.-	
			Penlight	100.-	
			Small Surgical Scissors	80.-	
			<b>TOTAL</b>		<b>2,950.00</b>
			Less: 5% Final Tax	131.70	
			1% EWT	26.34	
			<b>Net of Tax</b>		<b>2,791.96</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  <u>S. Mags 4/25</u> <b>LILIBETH M. PALACI</b> Fiscal Examiner A/ Budget Officer - Des.	Funds Available in the amount of: PhP <u>2,950.00</u>  <u>M</u> <b>MARIA LINDA H. GADINGAN</b> Fiscal Controller III	APPROVED:   <b>ELVIRA C. VER</b> Regional Vice President  <u>7/3/13</u>  Date
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____  Conforme:  <u>MA. CRISTINA V. AREVALO</u> 7-8-13 Signature over Printed Name and Position of Authorized Representative		