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	: RHEMTRONICS				P.O. No.:	P-13-046		
Address:	ess: Pulang Pula 2, Las Pinas City			У	Date:	22-Aug-13		
Tel./Fax No.: (632)825-7629					Term/s of Payment:	On Account		
Supplier Registered with:					Mode of Procurement:	Shopping		
Please deliver to this office within 10 days from receipt hereof the following:							ving:	
NO.	QTY	UNIT	18-1	ITEM DESCRIPT	ION	UNIT PRICE	TOTAL AMOUNT	
11	1	pc.	Filing Cabinet, 4	-drawer w/vault, gauge 20), wrinkled, moss green		11,000.00	
2	14	pcs	Filing Cabinet, 4	-drawer , gauge 20, steel,	gray	6,700.00	93,800.00	
	7/7/22		~		TOTAL		104,800.00	
		Less:	V-100 - 10 - 100 -					
	<u></u>		5% Final Tax	4,678.57				
			1% EWT	<u>935.71</u>			5,614.28	
				<u> </u>	NET OF TAX		99,185.72	
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				777075 Y. S (PANO)				
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 NO price increase shall be made by thr 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 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,								
						Sulman		
					IME	IMELDA CRISTETA D. VILLAMAR		
						Division Chief,	MSD	
Certified B	udget Av	ailable	Funds Availa	ble in the amount of: PhP	APPROVED:			
() h		ranas Avanar	ore in the amount of.	AFTROVED.			
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	a Examir		.**	reasons be known	e r	un appola		
Budget Officer - Des.					f Att	Atty. Jerry F. Ibay		
Within the COB: 20で						Regional Vice President		
Expense (Code:	2791-	40					
Budget:		CANTER		•				
Remarks		· · · · · · · · · · · · · · · · · · ·						
Conforme	e:		No	n —		Date		
	Signature	Tuo e over Printed	Name and Position	Resource Tr. on of Authorized Representat	ive			