

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>Incline Trading</u>	P.O. No.: <u>P-13-047</u>
Address: <u>Assumption Rd., Baguio City</u>	Date: <u>22-Aug-13</u>
Tel./Fax No.: <u>304-1334</u>	Term/s of Payment: <u>cod</u>
Supplier Registered with: _____	Mode of Procurement: <u>Shopping</u>

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

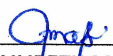
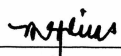
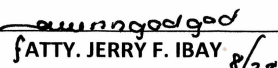

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc.	Ink, Socuprint, c5005d, black		10,715.00
	1	pc.	Ink, Socuprint, c5005d, cyan		27,627.00
	1	pc.	Ink, Docuprint, c5005, magenta		27,627.00
	1	pc.	Ink, Docuprint, c5005, yellow		27,627.00
	7	pcs.	Toner, Xerox Phaser 4600	17,100.00	119,700.00
			Total		213,296.00
			Less:		
			5% Final Tax	9,522.14	
			1% EWT	1,904.43	
			NET OF TAX		201,869.43

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  LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	Funds Available in the amount of: PhP <u>213,296.00</u>  MIRASOL E. ADRIAS Fiscal Controller IV	APPROVED:  ATTY. JERRY F. IBAY Regional Vice President
Within the COB: <u>2013</u> Expense Code: <u>785-10</u> Budget: _____ Remarks: _____		Date: _____
Conforms:  Signature over Printed Name and Position of Authorized Representative		