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:	TJ INDUSTRIES & SERVICES	P.O. No.:	P-13-049	
Address:	5/F A & F Dominguez Bldg. Cor. Lakandula St. B.	Date:	22-Aug-13	
Tel./Fax No.:	9193364214	Term/s of Payment:	On Account	
Supplier Register	ed with:	Mode of Procurement:	Shopping	

10 days

Please deliver to this office within

from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	15	tanks	Fire Extinguisher, Refil	350.00	5,250.00
			Less:		
			5% Final Tax 234.38		
			1% EWT <u>46.88</u>		<u>281.26</u>
			NET OF TAX		4,968.74

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,

amila

IMELDA CRISTETA D. VILLAMAR

		Division Chief, MSD
Certified Budget Available	Funds Available in the amount of: PhP - S200 - MARIA LINDA H. GADINGAN Fiseal Controller III	APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED: APPROVED:
Conforme: TROT Signature over Printee Na	A. MENCLO ne and Position of Authorized Representative	Date