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: DO IT YOURSELF			P.O. No.:	P-13-050		
Address:	Abanao Square, Baguio City			Date:	22-Aug-13	
Tel./Fax No.:	(074)446-45-64			Term/s of Payment:	cod	
Supplier Registered with:				Mode of Procurement:	Shopping	
Please c	leliver to this office within	upon	payment	from receipt hereo	f the following:	

Please deliver to this office within

NO.	QTY	UNIT		UNIT PRICE	TOTAL AMOUNT
1	2	rolls	Hardware Supply, Duct Tape #2	74.00	148.00
			· · ·		
			Less:		
			5% Final Tax 6.61 👩		
			1% EWT <u>1.32</u>		<u>7.93</u>
			NET OF TAX		140.07

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,

Sambarner

		IMELDA CRISTETA D. VILLAMAR Division Chief, MSD	
Certified Budget Available	Funds Available in the amount of: PhP 46.00 MARIA LINDA H. GADINGAN Fiscal Controller III	APPROVED: f ATTY. JERRY F. IBAY Regional Vice President	
Conforme: Signature over Printed Na	ame and Position of Authorized Representative	Date	