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

22573

12 00 05 1,204.83

2 1306 05

22,490.25

21,285.42

PURCHASE ORDER

Supplier:		Stable Ed	ducational Supply	P.O. No.:	1	P-13-052	
Address: Lower Bo			nifacio St.;, Baguio City	Date:	22-Aug-13 on account		
Tel./Fax No.: 444-9665				Term/s of Payment:			
Supplier Re	gistered wit	h:		Mode of Procurement:	Shopping		
	Please deli	ver to this o	ffice within 10 days	from receipt h	ereof the followi	ng:	
NO.	QTY	UNIT	ITEM DESCRIPTION	ON	UNIT PRICE	TOTAL AMOUNT	
1	250	pcs	Ballpoint Pen, black		19.75	4,937.50	
2	230	pcs	Ballpoint Pen, blue		19.75	4,542.50	
3	20	pcs	Ballpoint Pen, green		19.75	395.00	
4	50	pcs	Ballpoint Pen, red		19.75	987.50	
5	536	pcs	Envelope, expanding,w/garter, short		7.50	4,020.00	
6	10	pcs	Magazine File, Large 4x6x15		70.00	700.00	
7	50	pcs	Marking Pen, permanent, black, broad tip		26.75	1,337.50	
8	50	pcs	Marking Pen, permanent, blue, broad tip		26.75	1,337.50	
9	40	pcs	Marking Pen, permanent, red, broad tip		26.75	1,070.00	
10	515	pcs	Paper, Vellum Board, 13 x 8		1.80	927.00	
11	30	pcs	Paper Clamp, No. 2		4.55	13650 113.75	
12	20	pcs	Paper Clamp, medium		3.00	60.00	
13	1	pk	Photo paper, A4, 10's		70.00	70.00	
14	6	pcs	Record Book, 200 pages		32.00	192.00	
15	10	pcs	Stapler, Standard, Heavy Duty # 35		180.00	1,800.00	

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.

5% Final Tax 1% EWT

3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.

TOTAL

Less:

Net of Tax

- 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,

1,004.03 1005.04

200.81 0 201.01

IMELDA CRISTETA D. VILLAMAR Division Chief, MSD

Certified Budget Available	Funds Available in the amount of:	PhP 22,490.25	APPROVED:	
LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des. Within the COB: 2013 Expense Code: 374-18 Budget: Remarks:	MARIA LINDA H. GADING Fiscal Controller III	GAN .	f ATTY. JERRY F. IBAY Regional Vice President	
Conforme: Signature over Printed N	dame and Position of Authorized Representat	ive	Date	