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:	Laser Marketing		P.O. No.:	P-13-053
Address:	26-A Upper Mabini St., Baguio City		Date:	Aug. 22, 2013
Tel./Fax No.:	442-5854/447-0203/443-3788		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:	

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	12	rolls	Adhesive Tape, size 1", 2 sided. w/o foam	22.00	264.00
2	150	pcs	Ballpen, ordinary, black	3.00	450.00
3	1	bx	Continous Forms, 11x14-7/8, 1 ply, 70gsm	1,030.00	1,030.00
4	2	bxs	Continous Forms, 11x14-7/8, 2 ply	965.00	1,930.00
5	41	bots	Correction Fluid, waterbased, 15ml	15.00	615.00
6	23	bots	Correction Pen	24.00	552.00
7	27	pcs	Folder, transparent, cover, short	4.50	121.50
8	50	bots	Glue, 130g., Elmers	33.00	1,650.00
9	15	pcs	Glue Stick for Big Glue Gun	5.00	75.00
10	1	pcs	Numbering Machine/Stamp, 13 digits	1,250.00	1,250.00
11	20	bxs	Paper fastener, plastic	21.00	420.00
12	4	pcs	Stamp Pad Felt, Ink Pad for Trodat 2660	200.00	800.00
13 65	bxs	Staple Wire for Standard Stapler #35, 500's	21.00	1,365.00	
			TOTAL		10,522.50
			Less:		
			5% Final Tax 469.75		
		1% EWT <u>93.95</u>		563.70	
					9,958.80
			NET OF TAX		
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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,

IMELDA CRISTETA D. VILLAMAR Division Chief, MSD

Certified Budget Available	Funds Available in the amount of:	PhP 10,577.50	APPROVED:
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LILIBETH NI. PALACI	MARIA LINDA H. GADINGA	AN	
Fiscal Examiner A/	Fiscal Controller III		aun noodgad
Budget Officer - Des.			ATTY. JERRY F. IBAY 6/2
Within the COB:	2013		Regional Vice President
Expense Code:	774-10 00/		
Budget:	/ //		
Remarks:	LASER WAKETING		
Conforme:	Operated by: Philaser Marketing Corp		Date
	:#26 A Mabin Street, Baguio City		
	:Tel. Nos. 442-5854; 446-0117		
Signature ov	Telefax: 443-3788 er Printed Name and Position of Authorized Representative		
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