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

Supplie	r:	Trinity Communication Center		P.O. No.:	P-13-056		
		Session Road, Baguio City		Date:	23-4	23-Aug-13	
		442-6637		Term/s of Payment:	C	cod	
		ed with:	Mode of Procurement:			SV	
	-		nis office within upon payr	nent from receint	hereof the follow	ng:	
	i icase o	ichver to tr	apon payr	non receipt	THE FEBRUARY		
NO.	QTY	UNIT	ITEM DESCRIF	PTION	UNIT PRICE	TOTAL AMOUNT	
1	10	pcs	Smart Bro Load Card, 300s	1	298.00	2,980.00	
			TOTAL)		2,980.00	
	-		Less: 3% Final Tax	4940		440.00	
	-		1% EWT	29.80		119.20	
			Net of Tax			2,860.80	
			Net of Tax				
				,			
			, , , , , , , , , , , , , , , , , , ,			A	
			1 2				
5. ln c	ase of ret	uned/ reje	non-compliant as to specification when quo cted items which cannot be replaced withi If of payment made "in cash" or "in check"	n seven (7) calendar days from	n notice, PhilHealtl	ı	
				Very truly you	ırs,		
				90	Smilena		
				IMELD	A CRISTETA D. VI	LAMAR	
					Division Chief, MS	D	
 Certified	Budget Av	ailable	Funds Available in the amount of: Ph	P 2,980.00 APPROVED:			
			//				
	ancel .						
	BETH M. F		MARIA LINDA H. GADINGA	N			
Fiscal Examiner A/ Budget Officer - Des.			Fiscal ¢ ontroller III		~ M		
Buuر Within tl		2013			ATTY JERRY F. IBA		
	ie COB.				ATTY. JERRY F. IBA	۱Ý	
Expense		764-00				۱Ý	
Budget:	Code:	764-01	NP CHW		ATTY. JERRY F. IBA	۱Ý	
Budget: Remarks	Code:	764-01			ATTY. JERRY F. IBA	۱Ý	
Expense Budget: Remarks Conform	Code:	764-01			ATTY. JERRY F. IBA	۱Ý	

Signature over Printed Name and Position of Authorized Representative