

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-13-059
Address:	26-A Upper Mabini St., Baguio City	Date:	23-Sep-13
Tel./Fax No.:	442-5854/447-0203/443-3788	Term/s of Payment:	cod
Supplier Registered with:		Mode of Procurement:	SV

Please deliver to this office within _____ upon payment _____ from receipt hereof the following:


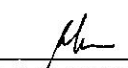
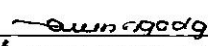
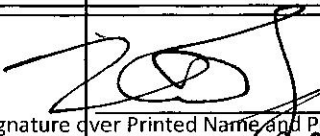
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	250	pcs	Ballpen, Ordinary, Black	2.50	625.00
TOTAL					625.00
Less: 5% Final Tax				27.90	
1% EWT				5.58	
Net of Tax					591.52

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 the 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 returned/ 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  LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	Funds Available in the amount of: PhP 625.00  MARIA LINDA H. GADINGAN Fiscal Controller III	APPROVED:  ATTY. JERRY F. IBAY 9/23 Regional Vice President
Within the COB: 26/13 Expense Code: 727-00 Budget: _____ Remarks: _____		Date 9/25/13
Conforme:  Signature over Printed Name and Position of Authorized Representative		