

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:	COPYLANDIA OFFICE SYSTEMS CORPORATION	P.O. No.:	P-13-061
Address:	133 Abanao Ext., cor. Carifio St., Baguio City	Date:	24-Sep-13
Tel./Fax No.:	446-5356/446-5357	Term/s of Payment:	cod
Supplier Registered with:		Mode of Procurement:	Direct Contracting

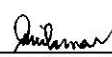
Please deliver to this office within _____ upon payment _____ from receipt hereof of the following:



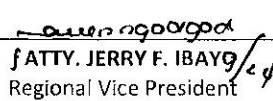
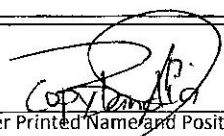
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	14	tube	Ink, RZ	1,690.00	23,660.00
			TOTAL		23,660.00
			Less: 10% Discount		2,366.00
			Net of Discount		21,294.00
			Less: 5% Final Tax	950.63	
			1% EWT	190.13	
			Net of Tax		20,153.24

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		Funds Available in the amount of: PHP 21,294.00		APPROVED:	
 LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.		 MARIA LINDA H. GADINGAN Fiscal Controller III		 ATTY. JERRY F. IBAYAG Regional Vice President	
Within the COB: <u>2017</u>		Expense Code: <u>774-10</u>		Date	
Budget: _____		Remarks: _____			
Conforme: 		Signature over Printed Name and Position of Authorized Representative			