

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: <u>COPYLANDIA OFFICE SYSTEMS CORPORATION</u>	P.O. No.: <u>P-13-062</u>
Address: <u>133 Abanao Ext., cor.Cariflo St., Baguio City</u>	Date: <u>1-Oct-13</u>
Tel./Fax No.: <u>446-5356/446-5357</u>	Term/s of Payment: <u>cod</u>
Supplier Registered with: _____	Mode of Procurement: <u>Direct Contracting</u>

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

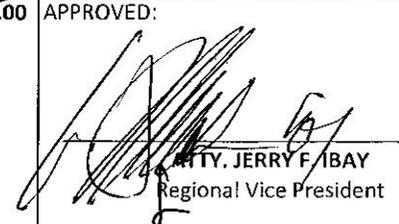
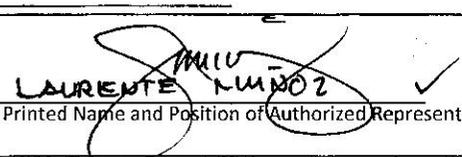
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	tube	Ink, RZ	1,690.00	1,690.00
<b>TOTAL</b>					<b>1,690.00</b>
				Less: 5% Final Tax	75.45
				1% EWT	15.09
<b>Net of Tax</b>					<b>1,430.46</b>
					<b>1,579.46</b>

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 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,

*J. Villamar 10/1/13*  
**IMELDA CRISTETA D. VILLAMAR**  
 Division Chief, MSD

Certified Budget Available Funds Available in the amount of: PhP <u>1,521.00</u>	APPROVED:
_____ <b>LILIBETH M. PALACI</b> Fiscal Examiner A/ Budget Officer - Des.	 <b>ATTY. JERRY F. BAY</b> Regional Vice President
Within the COB: <u>2013</u>	
Expense Code: <u>757-00</u>	
Budget: _____ Remarks: _____	
Conforms to: _____  <b>LAURENTE LUMIOZ</b> Signature over Printed Name and Position of Authorized Representative	_____ Date