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

PANGHOI ENTERPRISES

Supplier:

POMM-P-006

P-13-063

PURCHASE ORDER

P.O. No.:

Terms & Conditions: 1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services. 2. Not of Tax Note of	Address:	5	8 Magsay	say Ave., Baguio (îtv .		Date:	7 -Oct-13			
Please deliver to this office within 7 days from receipt hereof the following: NO. QTY UNIT ITEM DESCRIPTION UNIT PRICE TOTAL AMOUNT 1 2 units Self-inking Stamp, Cologo 2660 1,800.00 3,600.00 TOTAL Less: 5% Final Tax 160.71 3,600.00 Less: 5% Final Tax 3,407.15 Net of Tax 32.14 392.85 Net of Tax 32.14 392.85 Net of Tax 3,407.15 Net of Tax 3,407.15 Net of Tax 3,407.15 Time Price increase shall be made by the supplier before the delivery of goods and/ or services. 2. ND 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 Thilliesthib before the acceptance of P.O. 4. Philliesthi shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-completa to a sopedicidation when quoted. 5. In case of returned/ rejected items which cannot be replaced within seven (7) calendar days from notice, Phill-lealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, Very truly					-						
Please deliver to this office within 7 days from receipt hereof the following: NO. QTY UNIT ITEM DESCRIPTION UNIT PRICE TOTAL AMOUNT 1 2 units Self-inking stamp, Colog 2660 1,800.00 3,600.00 3,600.00 3,600.00 1,800.00		·									
NO. QLY UNIT 156 Inding Stamp, Colop 2660 1,800.00 3,500.00 3,500.00 3,500.00 3,500.00 1,800.00 3,500.00 3,500.00 1,800.00 3,500.00 1,800.00 3,500.00 1,800.00 1,800.00 3,500.00 1,800.	Supplier Keg	gistered with:			***		Wiode Brilloca:		3,,,,	, , ,	8
NO. QLY UNIT 156 Inding Stamp, Colop 2660 1,800.00 3,500.00 3,500.00 3,500.00 3,500.00 1,800.00 3,500.00 3,500.00 1,800.00 3,500.00 1,800.00 3,500.00 1,800.00 1,800.00 3,500.00 1,800.											
Terms & Conditions: 1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services. 1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services. 1. Purchase Order (PO) shall be accepted 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 Philitealth before the acceptance of P.O. 3. Non availability of stock shall be made known to Philitealth before the acceptance of P.O. 5. In case of reasons hall have the right to reject and return the items and acned 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, Philitealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, Very truly y		Please deliver	to this o	ffice within	7	days		from receip	ot hereof the fo	llowing	
Terms & Conditions: 1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services. 1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services. 1. Purchase Order (PO) shall be accepted 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 Philitealth before the acceptance of P.O. 3. Non availability of stock shall be made known to Philitealth before the acceptance of P.O. 5. In case of reasons hall have the right to reject and return the items and acned 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, Philitealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, Very truly y											
TOTAL Less: 5% Final Tax: 160.71 192.85 Net of Tax Net of Tax Net of Tax 192.85	NO.	QTY	UNIT		ITEM DESCRIP	TION		<u>U</u>	NIT PRICE	тот	AL AMOUNT
Torral Less: 5% Final Tax 160 71 19/EWT 32.14 192.85 Net of Tax Net of Tax Net of Tax Net of Tax 19/EWT 32.14 192.85 Net of Tax 10/EWT 32.14 192.85 Net of Tax Net of	1	2	units	Self-Inking Stam	p, Colop 2660			¥	1,800.00		3,600.00
Less: 5% Final Tax 160.71 192.85											21A 51.50
Less: 5% Final Tax 160,71 32.14 192.85 Net of Tax 3,407.15 Net of Tax 3,407.	-			TOTAL					200		3,600.00
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 Philitealth before the acceptance of P.O. 3. Non-availability of stock shall be made known to Philitealth before the acceptance of P.O. 5. In case of recrease shall have the right to reject and return the items and cancel the corresponding Polf goods delivered are defective, incomplete, non-compliant as to specification when quoted. 5. In case of returned/ rejected thems which cannot be replaced within seven (7) calendar days from notice, Philitealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, Very truly yours, Very truly yours, Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Available Funds Available in the amount of: PhP 3,600.00 APPROVED: Within the COB: Very truly yours, ATTY. JERRY F. IBAY Regional Vice President Date Signature over Printed Name and Position of Authorized Representative Conforme: Date Print Namesang, Signature Print Namesang, Signature Print Namesang, Signature Print Namesang, Signature		H 55/5 (777-75	8 8	1	Final Tay	20000 10	160.71		12.1		
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 Prilitelath before the acceptance of P.O. 4. Philifelath 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 letms which cannot be replaced within seven (7) calendar days from notice, Philitelath shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, Within the MPALACI Fiscal Examiner N Budget Officer - Des. Within the COB: 2013 Expense Code: 3.4-10 Budget Signature over Frinted Name and Position of Authorized Representative Conforms: GONFORME Print Namesang, Signature				and the second s	The second of th	· ·					192.85
Terms & Conditions: 1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services. 2. NO price increases shall be made by thr supplier within seven (?) days from the date of the acceptance of P.O. 3. Non-availability of stock shall be made by thr supplier within seven (?) days from the date of the acceptance of P.O. 3. Non-availability of stock shall be made by thr supplier within seven (?) days from the date of the acceptance of P.O. 3. Non-availability of stock shall be made by thr supplier within seven (?) of goods delivered are defective, incomplete, non-compliant as to specification when quoted. 5. In case of reverseponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted. 5. In case of returned/ rejected tiems which cannot be replaced within seven (?) calendar days. Very truly yours, Very truly	:			-:		-			2 22/		3 /IN7 15
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co		<u>_</u>		Net of Tax					ans as the tr	1000	3,407.13
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co			<u></u>	 						220	
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co	1727								100 10	-	
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co	24			ļ	· · · · · · · · · · · · · · · · · · ·					-	10000
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co	1		= /	<u> </u>				1	N 150 1		
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co		n n n						<u> </u>			
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co				100						********	
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co	7				2000	TO 0000000		1			vvv - 4000 mperograph (6)
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co							the remaining the second of				
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co	· †				<u> </u>			3.4436			1,545,555,10 IS
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 PhillHealth 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 idemand full refund of payment made "in cash" or "in check" three (3) calendar days. Very truly yours, MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: 3-14-10 Budget: Regional Vice President Conforme: Date Conforme: Co				<u> </u>	AND THE RESERVE OF THE PERSON						3
Division Chief, MSD Certified Budget Available Funds Available in the amount of: PhP 3,600.00 APPROVED: Division Chief, MSD Approved						• • •	enagen and deliver of the angle of the second	Very truly y	ours,		
Division Chief, MSD Certified Budget Available Funds Available in the amount of: PhP 3,600.00 APPROVED: Division Chief, MSD Approved									QQ	,	
Division Chief, MSD Certified Budget Available Funds Available in the amount of: PhP 3,600.00 APPROVED: Division Chief, MSD Approved								### O. VILLAMAR			AMAR
Certified Budget Available Funds Available in the amount of: PhP 3,600.00 APPROVED: ILLIBETH M/PALACI MARIA LINDA H. GADINGAN Fiscal Examiner A/ Budget Officer - Des. FATTY. JERRY F. IBAY Regional Vice President PhP PhP								<i>y</i>			
LILIBETH M PALACI Fiscal Examiner A/ Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: Budget: Remarks: Conforme: Conforme: Date CONFORME Received Copy of P.O. on Print Name and Signature Print Name and Signature Print Name and Signature Print Name and Signature										- 6	
LILIBETH M PALACI Fiscal Examiner A/ Budget Officer - Des. Within the COB: 2013 Expense Code: 374-10 Budget: Conforme: Conforme: Date CONFORME Received Copy of P.O. on Print Name and Signature Print Name and Signature Print Name and Signature Print Name and Signature	Certified Bud	get Av ailable	-	Funds Availa	able in the amount of:	PhP	3,600.00	APPROVED	:		
Fiscal Examiner A/ Budget Officer - Des. Within the COB: 2013 Expense Code: 3-34-10 Budget: Remarks: Conforme: Date Signature over Printed Name and Position of Authorized Representative CONFORME: Received Copy of P.O. on Print Name and Signature	,				//		X 00				
Fiscal Examiner A/ Budget Officer - Des. Within the COB: 2013 Expense Code: 3-34-10 Budget: Remarks: Conforme: Date Signature over Printed Name and Position of Authorized Representative CONFORME: Received Copy of P.O. on Print Name and Signature	(mad.			M	31	\				
Budget Officer - Des. Within the COB: 2013 Expense Code: 374-10 Budget: Remarks: Conforme: Date CONFORME Received Copy of P.O. on Print Name and Signature Print Name and Signature Print Name and Signature	LILIE	ETH M/PALA	CI	1			٧				
Budget Officer - Des. Within the COB: 2013 Expense Code: 374-10 Budget: Remarks: Date Conforme: Conforme: Conforme: Conforme Over Printed Name and Position of Authorized Representative Conforme Conformation Conformati	Fisc	al Examiner A	V		Fiseal Controller	Ш				000c	MOON_
Within the COB: 2013 Expense Code: 374-10 Budget: Remarks: Date Conforme: Conforme: Conforme: Conforme: Conforme Printed Name and Position of Authorized Representative Received Copy of P.O. on Print Name and Signature									FATTY, JERRY	Y F. IBA	y . /
Expense Code:	A			ala					Regional Vice	Preside	ent 9/9
Budget: Remarks: Conforme: Date Signature over Printed Name and Position of Authorized Representative CONFORME Received Copy of P.O. on Print Name and Signature				1					•		
Conforme: Date		_		1-74 10	=						
Conforme: Date			0000040	*******							
Signature over Printed Name and Position of Authorized Representative CONFORME Received Copy of P.O. on Print Name and Signature	•	· · · · · · · · · · · · · · · · · · ·					985 NO. VII. NO. VIII. NO. VII. NO. VII. NO. VIII. NO. VIII				
Signature over Printed Name and Position of Authorized Representative CONFORME Received Copy of P.O. on Print Name and Signature	Conforme:				8 N						
Received Copy of P.O. on Print Name and Signature					22.1	18			Date	е	
Received Copy of P.O. on Print Name and Signature					200 M	_		1 4 V/ 5 5 5 5	ir		
Received Copy of P.O. on Print Name and Signature		Signature o	over Printe	d Name and Positio	on of Authorized Repres	entativ	e 🎤 😘	111 02 1	A Property		
Received Copy of P.O. on Print Name and Signature						0.00	March Tools	<u> </u>	1000		
Received Copy of P.O. on Print Name and Signature				MO-233	Ø & − **		ONEODME	200	1500		
Print Name and Signature						,	JONE ORIVIE.		- D		
Print Name and Signature	Dagging C	`any of D A	on				The Contract of the Contract o	7 7 Esco 2	Non	\checkmark	
	rieceiveu C	Jupy of F.O.	UII			-	Print Na	ne and Sid	n átů ře	D	
							, , , , , , , , , , , , , , , , , , , ,	CA 125 1	ntative /	91	3