

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:	PANGHOI ENTERPRISES	P.O. No.:	P-13-063
Address:	58 Magsaysay Ave., Baguio City	Date:	7-Oct-13
Tel./Fax No.:	442-4629	Term/s of Payment:	on account
Supplier Registered with:		Mode of Procurement:	small value

Please deliver to this office within 7 days from receipt hereof the following:



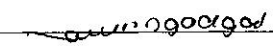
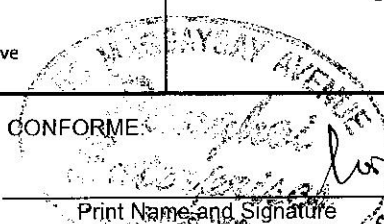
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	units	Self-Inking Stamp, Colop 2660	1,800.00	3,600.00
TOTAL					3,600.00
Less: 5% Final Tax				160.71	
1% EWT				32.14	192.85
Net of Tax					3,407.15

Terms & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of P.O.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 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.
- 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 3,600.00  MARIA LINDA H. GADINGAN Fiscal Controller III	APPROVED:  FATTY. JERRY F. IBAY Regional Vice President
Within the COB: <u>2013</u> Expense Code: <u>774-10</u> Budget: _____ Remarks: _____		Date: _____
Conforme: _____ Signature over Printed Name and Position of Authorized Representative		CONFORME:  _____ Print Name and Signature of Supplier/Representative
Received Copy of P.O. on _____		