

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>MUSIC WORLD</u>	P.O. No.: <u>P-13-065</u>
Address: <u>3F Porta Vaga Bldg., Session Rd., Baguio City</u>	Date: <u>9-Oct-13</u>
Tel./Fax No.: <u>444-6808</u>	Term/s of Payment: <u>cod</u>
Supplier Registered with: _____	Mode of Procurement: <u>small value</u>

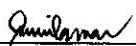
Please deliver to this office within upon payment from receipt hereof the following:

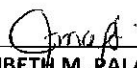
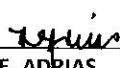

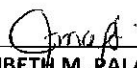
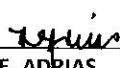


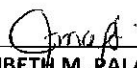
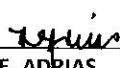

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	set	Sound System, complete set	215,636.70	215,636.70
			TOTAL		215,636.70
			Less: 5% Final Tax	9,626.64	
			1% EWT	1,925.33	
			Net of Tax		11,551.97
					204,084.73

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

<p>Certified Budget Available Funds Available in the amount of: PhP 215,636.70</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;"> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.</td><td style="width: 50%; text-align: center;"> MIRASOL E. ADRIAS Fiscal Controller IV</td></tr></table> <p>Within the COB: <u>2013</u> Expense Code: <u>274-10</u> Budget: _____ Remarks: _____</p> <p>Conforme: _____  <u>10/14/13</u> ALEJANDRA DULAWAN Signature over Printed Name and Position of Authorized Representative</p>	 LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	 MIRASOL E. ADRIAS Fiscal Controller IV	<p>APPROVED:</p> <table style="width: 100%;"><tr><td style="text-align: center;"> ATTY. JERRY F. IBAY Regional Vice President</td></tr><tr><td style="text-align: center;">_____ Date</td></tr></table>	 ATTY. JERRY F. IBAY Regional Vice President	_____ Date
 LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	 MIRASOL E. ADRIAS Fiscal Controller IV				
 ATTY. JERRY F. IBAY Regional Vice President					
_____ Date					