

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-13-066</u>
Address: <u>133 Abanao Ext., cor. Cariño St., Baguio City</u>	Date: <u>11-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:


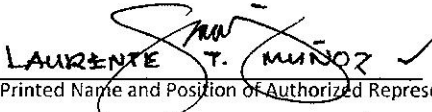
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	8	roll	Master Roll	4,850.00	38,800.00
			TOTAL		38,800.00
			Less: 10% Discount		3,880.00
			Net of Discount		34,920.00
2	3	unit	Toner for Fax Machine, PP1300	5,950.00	17,850.00
3	2	bot	Toner, TN 114	3,125.00	6,250.00
4	10	bot	Toner, TN 311	3,900.00	39,000.00
			TOTAL		98,020.00
			Less: 5% Final Tax	4,375.89	
			1% EWT	875.18	
			Net of Tax		5,251.07
					29,668.93
					92,768.93

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 _____ Funds Available in the amount of: Php 98,020.00		APPROVED: <div style="text-align: center;"> ATTY. JERRY F. IBAY Regional Vice President</div> Date _____
LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des. Within the COB: <u>2013</u> Expense Code: <u>774-10</u> Budget: _____ Remarks: _____	MIRASOL E. ADRIAS Fiscal Controller IV	
Conforme:  LAURENTE T. MUNOZ Signature over Printed Name and Position of Authorized Representative		