

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>Baguio Office Systems & Solutions, Inc.</u>	P.O. No.:	<u>P-13-068</u>
Address:	<u>18 Legarda Rd., Baguio City</u>	Date:	<u>24-Oct-13</u>
Tel./Fax No.:	<u>442-0799/423-9361</u>	Term/s of Payment:	<u>on account</u>
Supplier Registered with:		Mode of Procurement	<u>Shopping</u>

Please deliver to this office within 10 days from receipt hereof of the following:

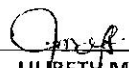
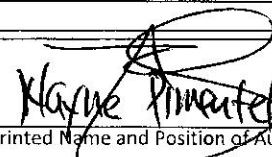
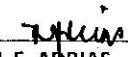
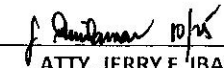
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	pcs	Toner, Fuji Xerox Phaser 4600DN	17,000.00	85,000.00
2	2	pcs	Toner, Samsung Laserjet ML2571N	3,280.00	6,560.00
3	8	pcs	Correction Pen, waterbased	27.00	216.00
4	6	jars	Paste, solid w/ waterwell	25.00	150.00
TOTAL					91,926.00
Less: 5% Final Tax					4,103.84
1% EWT					820.77
Net of Tax					87,001.39

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,


RIMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

<p>Certified Budget Available</p> <p> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.</p> <p>Within the COB: <u>2013-774-10 336 701.9%</u> <u>755-0 91,560</u></p> <p>Expense Code: _____</p> <p>Budget: _____</p> <p>Remarks: _____</p> <p>Conforme: _____</p> <p style="text-align: center;"> Signature over Printed Name and Position of Authorized Representative</p>	<p>Funds Available in the amount of: PhP 91,926.00</p> <p style="text-align: center;"> MIRASOL E. ADRIAS Fiscal Controller IV</p>	<p>APPROVED:</p> <p style="text-align: center;"> ATTY. JERRY F. IBAY Regional Vice President</p> <p style="text-align: center;">_____ Date</p>
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