

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>Laser Marketing</u> | P.O. No.: | <u>P-13-069</u> |
| Address: | <u>26-A Upper Mabini St., Baguio City</u> | Date: | <u>24-Oct-13</u> |
| Tel./Fax No.: | <u>442-5854/447-0203/443-3788</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 the following:

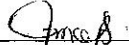

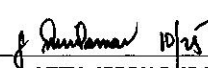
| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|--------------------|-----|------|--|------------|-----------------|
| 1 | 42 | bots | Correction Fluid | 20.00 | 840.00 |
| 2 | 55 | pcs | Folder, pressboard, plain, legal | 10.00 | 550.00 |
| 3 | 5 | bots | Glue, 130gms, Elmer's | 39.00 | 195.00 |
| 4 | 5 | pcs | Marking Pen, permanent, black, broad tip | 31.80 | 159.00 |
| 5 | 5 | pcs | Marking Pen, permanent, blue, broad tip | 31.80 | 159.00 |
| 6 | 4 | pcs | Marking Pen, permanent, red, broad tip | 31.80 | 127.20 |
| 7 | 8 | bk | Record Book, 200 pages | 39.00 | 312.00 |
| 8 | 3 | pcs | Whiteboard, 2' x 4' wallmounted w/ frame | 950.00 | 2,850.00 |
| TOTAL | | | | | 5,192.20 |
| Less: 5% Final Tax | | | | 231.79 | |
| 1% EWT | | | | 46.36 | |
| Net of Tax | | | | | 4,914.05 |

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

| | | |
|---|---|---|
| Certified Budget Available  LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des. | Funds Available in the amount of PhP 5,192.20  MARIA LINDA H. GADINGAN Fiscal Controller III | APPROVED:  ATTY. JERRY F. IBAY Regional Vice President Date |
| Within the COB: <u>2013</u> Expense Code: <u>744-10</u> Budget: _____ Remarks: _____ | | |
| Conforme: LASER MARKETING Operated by: PhilHealth Marketing Corp. #26 A Mabini Street, Baguio City Tel. Nos. 442-5854/446-0117 Signature over Printed Name and Position of Authorized Representative | | |