

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>MDE TRADING</u>	P.O. No.:	<u>P-13-070</u>
Address:	<u>2F KDC Bldg., 91 Marcos Hiway, B.C.</u>	Date:	<u>24-Oct-13</u>
Tel./Fax No.:	<u>422-4195</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:



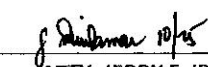
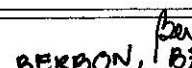
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	249	pcs	Ballpoint Pen, Pilot, black	20.00	4,980.00
2	230	pcs	Ballpoint Pen, Pilot, blue	20.00	4,600.00
3	20	pcs	Ballpoint Pen, Pilot, green	20.00	400.00
4	49	pcs	Ballpoint Pen, Pilot, red	20.00	980.00
5	25	pcs	Folder, legal, cream	3.00	75.00
6	15	boxes	Paper Fastener, plastic, 8-10"	23.00	345.00
7	20	boxes	Rubber Band, big, 350g	141.60	2,832.00
8	26	boxes	Rubber Band, small, 200g	84.60	2,199.60
9	2	pcs	Self-Inking Stamp, Colop # 30, w/ dater	270.00	540.00
TOTAL					16,951.60
Less: 5% Final Tax				756.77	
1% EWT				151.35	908.08
Net of Tax					16,043.48

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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des. </div> <div style="text-align: center;">  MARIA LINDA H. GADINGAN Fiscal Controller III </div> </div>	Funds Available in the amount of: PhP 16,951.60 APPROVED: <div style="text-align: center; margin-top: 20px;">  ATTY. JERRY F. IBAY Regional Vice President </div>
Within the COB: <u>2013</u> Expense Code: <u>774-10</u> Budget: _____ Remarks: _____	Date: _____
Conforms to: <div style="text-align: center; margin-top: 10px;">  BERBON, BEVERLYN P. MARKETING OFFICER </div> Signature over Printed Name and Position of Authorized Representative	