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:		Laser M	larketing				P.O. No.:		P-13-071	
Address:	Address: 26-A Upper Mabini St., Baguio City						Date:		6-Nov-13	
Tel./Fax No.: 442-5854/447-0203/443-3788						Term/s of Payment: Mode of Procurement:		on account		
Supplier Registered with:								shopping		
Please deliver to this office within 10 days							from receipt hereof the following:			
NO.	NO. QTY UNIT				ITEM DESCRIPTION				UNIT PRICE	TOTAL AMOUNT
1	2	pcs	Toner for Fa	x Machine, C	Canon L380	<u> </u>	-		4,800.00	9,600.00
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							v 40 och (Vitaliano	257. 10		
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10			i		20 WASTER ST. ST.					
			TOTAL							9,600.00
	n 2 - 12-		Less:	5% Final Tax			428.57			
		<u> </u>	ļ	1% EWT			85.71	-		514.28
· · · · · · · ·	u		Net of Tax		·	-	25			9,085.72
					Mary Calendar		2.30		- No. 20 40	i
shall de	mand full re	fund of pa	iyment made	"in cash" or	"in check"	three (3)	calendar da	ys. Very truly yo	ours,	
							Qh/			
							✓ IMELDA CRISTETA D. VILLAMAR			
								Di	vision Chief, M	SD
Certified Budg	get Available		Funds Ava	ilable in the ar	mount of:	PhP	9,600.00	APPROVED:		8) 2)
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LILIBI	TH M. PALA	ACI		MARIA LIN	DA H. GAI	DINGAN			12	
	l Examiner A				Controller			di	lelegon	2000
Budge	et Officer - D		es e					(/ A1	TY. JERRY F. IB	AY
Within the C		-	lo m	· · · · · · · · · · · · · · · · · · ·				V Reg	onal Vice Presi	dent
Expense Cod	le:		7-74-W							
Budget: Remarks:		· · · · · · · · · · · · · · · · · · ·						11/	0/13	
·		2007	Λ		.,					
Conforme:			LASER MA	RKETING			9		Date	
	Signature ov	er Printed	Name and Pos Tel. Nes. 442-58 Telefax: 44	71 446-0117	rized Repre	sentative				