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

Date

## **PURCHASE ORDER**

Supplier: Address: Tel./Fax No.: Supplier Registered with		Laser Marketing  26-A Upper Mabini St., Baguio City		P.O. No.:	P-13-076 5-Dec-13	
				Date:		
		442-585	54/447-0203/443-3788	Term/s of Payment:	on account SV	
		1:		Mode of Procurement:		
Please deliver to this office within 20 days				from receipt hereof the following:		
NO.	QTY	UNIT	ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
1	2	unit	IC Recorder. Sony PX 312, 2GB		<b>4</b> ,795.00	9,590.00
. II -		<del>:</del> -		di		
₹=	(* ( <del>****</del> ***)***********					
30					<u> </u>	
12	No. Office of the second				<u> </u>	
100g/ 100g			TOTAL			9,590.00
			Less: 5% Final Tax	428.13 \		
	199		1% EWT	85.63		513.76
		<u> </u>	Net of Tax			9,076.24
		<u> </u>				
4. PhilHe defect 5. In cas	ealth shall hav tive, incomple se of retuned/	e the righ te, non-co rejected i	I be made known to PhilHealth before the account to reject and return the items and cancel the ompliant as to specification when quoted. items which cannot be replaced within seven (asyment made "in cash" or "in check" three (3)	e corresponding PO if goo (7) calendar days from not	tice, PhilHealth	
				of Jun	med 12.5.10	3
				MELDA	CRISTETA D. V	ILLAMAR
				/ D	ivision Chief, M	ISD
Certified Bu	ıdget Available		Funds Available in the amount of: PhP	9,590.00 APPROVED:		
Fis		4/		A Reg	Simple 124 TTY. JERRY F. 18 gional Vice Presi	
Remarks:						<del> </del>

Signature over Plinted Name and Position of Authorized Representative

Conforme: