## 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 wit		LASER MARKETING			. <b>:</b>	P-13-080	
		26 A Uppe	r Mabini St., Baguio City	Date:		Dec. 11, 2013	
		(074) 442-5854 th:		Term/s of Payment:  Mode of Procurement:		On account Small Value	
NO. QTY		UNIT	ITEM DES	DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
1	16	pcs	TABLE, Clerical (SG 6-10)			4,650.00	74,400.00
2014 XII 384X 4X			TOTAL	<del></del>		-	74 400 00
		<del> </del>	TOTAL				74,400.00
			Less: 5% Final Tax 1% EWT	3,321. 664.		* * **	3,985.72
100 m		-	Land Control of the C				
		+	Net of Tax				70,414.28
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<ol> <li>NO pric</li> <li>Non-ava</li> <li>PhilHea defectiv</li> <li>In case</li> </ol>	e increase s allability of Ith shall have, incomple of retuned/	shall be made stock shall be ve the right to ete, non-com rejected iter	ecepted by the supplier before the ce by thr supplier within seven (7) date made known to PhilHealth before to reject and return the items and capliant as to specification when quoins which cannot be replaced within ment made "in cash" or "in check" the	ys from the date the acceptance oncel the correspond ted. seven (7) calend	of the acceptance of PO. onding PO if good ar days from not days.  Very truly you	de of P.O.  ds delivered are lice, PhilHealth liurs,	VIII AMAR
					IMELDA CRISTETA D. VILLAMAR Division Chief, MSD		
						Division chief,	WISD
Certified Budg	get Available		Funds Available in the amount of	PhP 74,400	.00 APPROVED:		
LILI Fis Bud Within the C Expense Cod Budget:	BETH M. P. cal Examine get Officer OB:	ALACI er A/ - Des. 2013 279-c iamai APP	MIRASOL E. AIDE Fiscal Controller	12/18/13		ATTY. JERRY F. Regional Vice Pro	IBAY esident

Conforme:

Signature over Printed Name and Position of Authorized Representative