## Republic of the Philippiner PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office - Cordillera Administrative Region 4#F SSS Bidg., Harrison Road. Bagulo City Tel. # (074) 444-5345/446-0371

POMM-P-006

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validation desirable		validation of the state of the	FACTURING CONTRACTOR	P.O. No.: Date:	P-13-081 Dec. 11, 2013	
Address: 140 Aurora Blvd., San Juan City Tel./Fax No.: (02) 744-3153			The state of the s	Term/s of Payment:	·	
	 gistered wil	- winds to make the reference		Made of Procurement:	On account Small Value	
	Please det	iver to this of	rice within 15	days from receip	t hereof the follo	wing:
NO.	QTY	UNIT	ITEM DESCR	UNIT PRICE	TOTAL AMOUNT	
1	33	pcs	CHAIR, Staff/Clerical (SG 11-17)		2,688.00	88,704.0
2	24	pes	CHAIR, Sr. Executive	The second secon	3,800.00	15,200.0
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	]		TOTAL			103 904.0
	? 		Less: 5% Final Tax 1% EWT	4,638.57 \ 927.71		5 566.2
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defectives. In case	re, incompl of retun <mark>ed</mark> ,	ete, non-com / rejected iter	o reject and return the items and canc pliant as to specification when quoted ns which cannot be replaced within se nent made "in cash" or "in check" thre	l. even (7) calendar days from no	tice, PhilHealth	
				•	Q.D.	
				IMI	LIDA CRISTETA D Division Chief,	
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	Signature c		me and Position of Authorized Regresent	ative .		a de la constante de la consta