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.:		MUSAR MI	USIC CORPORATION	P.O. No.:	P-13-082 Dec. 11, 2013		
		Lower Gro	und Flr., SM Baguio City	Date:			
		(074)446-6179		Term/s of Payment:	On account Small Value		
Supplier Registered wit		h:		Mode of Procurement:			
	Please delive	er to this of	fice within 15	days from receip	t hereof the folio	owing:	
NO.	QTY	UNIT	ITEM DESCR	RIPTION	UNIT PRICE	TOTAL AMOUNT	
1	1	рс	Public Address System, Portable			13,490.00	
42 - 21 As	<u>e</u> %		TOTAL	-		13,490.00	
			Less: 5% Final Tax	602.23			
			1% EWT	120.45		722.68	
			Net of Tax			12,767.32	
		- 27572 - 377					
 NO price Non-ava PhilHeal defective In case of 	e Order (PO e increase sh ilability of st th shall have e, incomplet of retuned/ r	all be made tock shall be the right to e, non-com ejected iter	ccepted by the supplier before the del by thr supplier within seven (7) days made known to PhilHealth before the oreject and return the items and cance pliant as to specification when quoted ms which cannot be replaced within se ment made "in cash" or "in check" thre	from the date of the acceptangle acceptance of PO. cel the corresponding PO if good. d. even (7) calendar days from no	ce of P.O.		
				Very truly y	ours,		
					Quilpero		
				IMI	IMELDA CRISTETA D. VILLAMAR Division Chief, MSD		
Certified Budg	et Available	-	Funds Available in the amount of: F	PhP 13,490.00 APPROVED:		-	
(Imad.		ph-				
Fisc	LILIBETH M. PALACI MARIA LINDA H. G./ Fiscal Examiner A/ Fiscal Controlle Budget Officer - Des.				ATTY. JERRY F. IBAY		
Within the CO Expense Code	1	2017	<u>/</u>		Regional Vice P	resident	
Budget: Remarks: 👍	dmoss	DOP NON	undord (Oct 4 III)				

12-16-19

BUAGA

Conforme:

MARIO

Signature over Printed Name and Position of Authorized Representative