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

Address: B		CHIMES ENTERPRISES Baguio Center Mall, Baguio City			No.:	P-13-085 Dec. 11, 2013	
					:		
		(074) 300-4	1764	Term/s of Payment:		On account nt: Small Value	
				Mod	e of Procurement:		
	Please delive	r to this of	fice within	21 da y s	from receip	t hereof the follo	wing:
NO.	QTY	UNIT	ITEM D	DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
1	7	pcs	TABLE, clerical (SG 11-17)	* *		11,400.00	79,800.00
2	2	pcs	TABLE, clerical (SG 24)			20,150.00	40,300.00
			executive or	1			
		7.	TOTAL	<u>_</u>			120,100.00
			Less: 5% Final Tax	5,3	36 1. 61		· · · · · · · · · · · · · · · · · · ·
			1% E W T	1,0	72.32		6,433.93
			Net of Tax	50% NOS			113,666.07
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		edistribute analys	202.77		-		
				10. 27	1.50	-	T (
 NO price Non-ava PhilHeat defective In case 	e increase sha ailability of sto Ith shall have e, incomplete of retuned/ re	ill be made ock shall be the right to , non-com jected iten	cepted by the supplier before the by thr supplier within seven (7) or made known to PhilHealth before reject and return the items and pliant as to specification when ques which cannot be replaced with ment made "in cash" or "in check"	days from the da re the acceptane cancel the corre loted. in seven (7) cale	ete of the acceptance of PO. esponding PO if goo endar days from not dar days. Very truly yo	e of P.O. ds delivered are cice, PhilHealth	
ertified Budg	et Available		Funds Available in the amount	of: PhP 120	100.00 APPROVED:		
LILI Fis Bud /ithin the C (pense Cod	BETH M. PALA cal Examiner A get Officer - D OB:	4/	MIRASOL E. AI Fiscal Controll	#144 2/18/1 JRIAS er IV	3	ATTY. JERRY F. Regional Vice Pro	

3. 12.19-13

Signature over Printed Name and Position of Authorized Representative

Conforme: