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:	Supplier: LASER MARKETING			38 88 80 <u>80 </u>	P.O. No.:		P-13-087		
Address: 26 U			Upper Mabini St., Baguio City				Dec. 11, 2013		
Tel./Fax No.	:	(074) 442-	5854	54		Term/s of Payment:		On Account	
Supplier Registered with:					Mode of P	rocurement:	Small Value		
	Please deliv	er to this of	fice within	21	days	from receip	t hereof the follo	wing:	
NO.	QTY	UNIT	ITEM DESCRIPTION				UNIT PRICE	TOTAL AMOUNT	
1	31	pcs	CHAIR, Staff/Clerical (SG 6-10)				1,275.00	39,525.00	
2	9	pcs	CHAIR, Jr. Executive				3,150.00	28,350.00	
3	2	pcs	CHAIR, Visitor's (SG 18-23)				2,400.00	4,800.00	
4	6	pcs	CHAIR, Visitor's (SG 24-25)			in the terrorise	2,400.00	14,400.00	
			363. 6. 5	100		3-34 S		87,075.00	
			TOTAL						
			Less:	5% Final Tax	3,887.28				
				1% EWT	777.46	5		4,664.74	
			Net of Tax		<u> </u>			82,410.26	
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 NO price Non-ava PhilHeal defective In case of 	e Order (PC increase shilability of si th shall have e, incomplet of retuned/i	nall be made tock shall be the right to e, non-com ejected iter	by thr supplier with made known to Pho reject and return to pliant as to specifica ns which cannot be	lier before the deliv hin seven (7) days fr hilHealth before the the items and cance ation when quoted. replaced within sev ' or "in check" three	om the date of acceptance of I the correspon en (7) calendar	the acceptance PO, ding PO if good days from not	e of P.O. ds delivered are		
SHOW GC	nona ran rei	und of payin	resic made In Cash	or in check timee	(5) calendar da	Very truly yo	urs.		
							LDA CRISTETA D. Division Chief,		
ertified Budge	et Available		Funds Available	in the amount of: Ph	P 14,400.00	APPROVED:			
Fisc Budg Vithin the CC Expense Code	al Examiner et Officer - DB:	Des. 20	79-00	MIRASOL E. ADRIAS Fiscal Controller IV	* Ie/Ia		ATTY. JERRY F. Jegional Vice Pre	IBAY esident	

Conforme:

Signature over Printed Name and Position of Authorized Representative