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

PURCHASE ORDER

Supplier: Address:		JET BOOKS	TORE	P.O. No.: Date:		P-13-091 Dec. 13, 2013		
		Porta Vaga	Mall, Session RQ., Baguio City					
Tel./Fax No.	:]	(074) 442-4	074) 442-4485		Term/s of Payment:		COD	
Supplier Registered with:				Mode of	Procurement:	Small Value		
	Please delive	er to this of	fice within		from receip	t hereof the follo	wing:	
NO. QTY		UNIT	ITEM DESC	RIPTION	,	UNIT PRICE	TOTAL AMOUNT	
1	15	рс	Clear Book, Long, 100 pages		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	169.20	2,538.00	
		AMERICA - DAVIDE DESC			900			
			TOTAL				2,538.00	
			Less: 5% Final Tax	113.3				
			1% EWT	22.6	56	12.05.05.0	135.96	
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 NO price Non-ava PhilHeal defective In case of 	se Order (PO) e increase sha illability of sta (th shall have e, incomplete of retuned/re	all be made ock shall be the right to e, non-com ejected iter	ccepted by the supplier before the de by thr supplier within seven (7) days made known to PhilHealth before the preject and return the items and can pliant as to specification when quote ms which cannot be replaced within s ment made "in cash" or "in check" thr	is from the date on the acceptance of cel the correspo d. even (7) calenda	of the acceptand f PO. anding PO if goo ar days from no	ce of P.O. ds delivered are		
					Very truly yo	ours,		
						LDA CRISTETA D	VILLAMAR	
					170001	Division Chief,		
Certified Budg	ret Available		Funds Available in the amount of:	PhP 2,538.0	00 APPROVED:	-	 1	
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	BETH M PAL		MARIA LINDA H. GADI	52.0000000 MgC088860	\			
Fiscal Examiner A/ Fiscal Controller III						ATTY, JERRY F. IBAY		
Budget Officer - Des. Within the COB: 2613						Regional Vice President		
Expense Code	_		4-10					
Budget:			7 10		5			
Remarks:					NS			
Conforme:		V 2000V 00				Date		

Signature over Printed Name and Position of Authorized Representative