## 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**

1 1 pc Table Top Glass for 12 seater Conference Table 1 inch thick 1 inch thick 1 thic	Supplier:		FOUR ACES ALUMINUM & GLASS		P.O.	P.O. No.:		P-13-092	
Supplier Registered with:  Please deliver to this office within  7 working days  from receipt hereof the following:  ITEM DESCRIPTION  UNIT PRICE  TOTAL AMOUN  1 1 pc Table Top Glass for 12 seater Conference Table  Inch thick  Inch th			Magsaysay Ave., Baguio City			:	Dec. 13, 2013		
Please deliver to this office within 7 working days from receipt hereof the following:  NO. QTY UNIT ITEM DESCRIPTION UNIT PRICE TOTAL AMOUN  1 1 pc Table Top Glass for 12 seater Conference Table 1 linch thick 1					Term	Term/s of Payment:		COD	
NO. QTY UNIT ITEM DESCRIPTION UNIT PRICE TOTAL AMOUNT  1 1 pc Table Top Glass for 12 seater Conference Table 1 inch thick 1 tinch thick 1 tinc	Supplier Registered with:				Mode of Procurement:		Small Value		
1 1 pc Table Top Glass for 12 seater Conference Table 1 inch thick 1 inch this 1 inch		Please deliver	to this of	fice within	7 working days	from receip	t hereof the follo	owing:	
1 inch thick Unit light brown 14,900.  TOTAL Less: 59. Final Tax 665.18 14,900.  Net of Tax Net of Tax 133.04 798.:  Net of Tax 14,101.:  14,101.:  15 Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services. 2. NO price increase shall be made by thr supplier within seven (?) days from the date of the acceptance of P.O. 3. Non availability of stock shall be made known to Philhealth before the acceptance of PO. 4. Phillicalth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted. 5. In case of returned/ rejected thems which cannot be replaced within seven (?) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Within the COB:  LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  4017  MARIA LINDA H/GADINGAN Fiscal Controller III  ATTY - BERRY F. IBAY Regional Vice President Expense Code:  4795—10  Budget Officer - Des.  Within the COB:  4795—10  Budget Officer - Des.	NO.	QTY	UNIT	ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT		
tint: light brown  TOTAL  Less: 5% Final Tax 665.18  1% EWT 133.04  Net of Tax  Net of Tax  14,101.  Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thir supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thir supplier before the delivery of goods and/ or services.  3. Non availability of stock shall be made to the supplier before the delivery of goods and/ or services.  4. Philleath shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected items which cannot be replaced within seven (7) calendar days from notice, Philleath shall demand full refund of payment made "in cash" or "in check" three [3] calendar days.  Very truly yours,  Within the Colic Examiner A/ Budget Officer - Des.  Within the COB:  4012  MARIA LINDA H/GADINGAN Fiscal Controller III  ATTY - SIRRY F. IBAY Regional Vice President  Expense Code:  775- 10  Budget Officer - Des.	1	1	рс	Table Top Glass for 12 seater Conference Table					
TOTAL Less: 5% Final Tax 665.18 1% EWT 133.04 798.  Net of Tax 14,101.  Net of Tax 14,101.  It is accepted by the supplier before the delivery of goods and/ or services. 2. No price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O. 3. Non availability of stock shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O. 4. Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted. 5. In case of retuned/ rejected Items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted. 5. In case of retuned/ rejected Items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  APPROVED:  ATTY, SARY F. IBAY Regional Vice President  Expense Code:  Very Truly SARY F. IBAY Regional Vice President  ATTY, SARY F. IBAY Regional Vice President				1 inch thick			-	VALUE AT	
Less: 5% Final Tax 665.18  1% EWT 133.04  Net of Tax  14,101.1  14,101.2  Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. Not price Increase shall be made by thr supplier within seven (?) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to PhilHealth before the acceptance of P.O.  4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected items which cannot be replaced within seven (?) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  IMELDA CRISTETA D. VILLAMAR Division Chief, MSD  Certified Budget Available  Funds Available in the amount of: PhP 14,900.00   APPROVED:  Within the COB:  U17)  Expense Code:  1/76-   0  Budget Officer - Des.  Within the COB:  1/76-   0  Budget Officer - Des.	<u> </u>			tint: light brown				14,900.00	
Net of Tax  Net of Tax  Net of Tax  14,101.  Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non availability of stock shall be made known to Philliealth before the acceptance of PO.  4. Phillieabilith shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  IMELDA CRISTETA D. VILLAMAR Division Chief, MSD  Certified Budget Available  Funds Available in the amount of: PhP  14,900.00  APPROVED:  ATTY, IJANY F. IBAY Regional Vice President  Regional Vice President  Expense Code: 2/15 [0]				TOTAL			2000	14,900.00	
Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services. 2. Not price Increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O. 3. Non availability of stock shall be made known to PhilHealth before the acceptance of PO. 4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted. 5. In case of retuned/ rejected Items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Were truly yours,  INELDA CRISTETA D. VILLAMAR Division Chief, MSD  Certified Budget Available  Funds Available in the amount of: PhP 14,900.00 APPROVED:  ATTY JURKY F. IBAY Regional Vice President  Expense Code: 4019  Regional Vice President  Expense Code: 479-10  Budget: 12,72-10				Less: 5% Final Tax	6	65.18			
Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price Increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.  4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected thems which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Wery truly yours,  IMELDA CRISTETA D. VILLAMAR Division Chief, MSD  Certified Budget Available  Funds Available in the amount of: PhP 14,900.00 APPROVED:  ATTY JERRY F. IBAY Regional Vice President  Within the COB: 0.17 Expense Code: 0.17 Expense C				1% EWT	1	33.04		798.22	
Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to Philhealth before the acceptance of PO.  4. Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected Items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Wery truly yours,  LILIBETH M, PALACI Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  ATTY, JURRY F. IBAY Regional Vice President  Expense Code:  1. 2. 1. 2. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 3. 1. 3. 3. 3. 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.				Net of Tax		1		14,101.78	
Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to Philhealth before the acceptance of PO.  4. Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected Items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Wery truly yours,  LILIBETH M, PALACI Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  ATTY, JURRY F. IBAY Regional Vice President  Budget:  ATTY, JURRY F. IBAY Regional Vice President  LOB: Budget:  ATTY, JURRY F. IBAY					- 2000 (0.00		12-20	,	
Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to Philhealth before the acceptance of PO.  4. Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected Items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Wery truly yours,  LILIBETH M, PALACI Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  ATTY, JURRY F. IBAY Regional Vice President  Expense Code:  1. 2. 1. 2. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 3. 1. 3. 3. 3. 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	77.0				Z	. 13			
Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to Philhealth before the acceptance of PO.  4. Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected Items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Wery truly yours,  LILIBETH M, PALACI Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  ATTY, JURRY F. IBAY Regional Vice President  Expense Code:  1. 2. 1. 2. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 1. 3. 3. 3. 1. 3. 3. 3. 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.					10.				
Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.  4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  IMELDA CRISTETA D. VILLAMAR Division Chief, MSD  Certified Budget Available  Funds Available in the amount of: PhP  14,900.00  APPROVED:  MARIA LINDA H/GADINGAN  Fiscal Controller III  ATTY, JURRY F. IBAY  Regional Vice President  Expense Code: 176-10  Budget:	0/600.3003 KR000 334		Entraprovis		18.		-		
Terms & Conditions:  1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price Increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to PhilHealth before the acceptance of P.O.  4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Very truly yours,  Very truly yours,  Very truly yours,  MALIA LINDA H. GADINGAN Fiscal Controller III  Budget Officer - Des.  Within the COB:  27/5 - 10  Budget:  1. 2. 2. 1. 6/3				19					
1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to Philhealth before the acceptance of PO.  4. Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Very truly yours,  Very truly yours,  Very truly yours,  MARIA LINDA H GADINGAN Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  QUID  Expense Code:  176-10  Budget:  Bud					30-20 NESSAN	**************************************			
1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to Philhealth before the acceptance of PO.  4. Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Very truly yours,  Very truly yours,  Very truly yours,  MARIA LINDA H GADINGAN Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  QUID  Expense Code:  176-10  Budget:  Bud				, , , , , , , , , , , , , , , , , , ,	W 50 850 W				
1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to Philhealth before the acceptance of PO.  4. Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Very truly yours,  Very truly yours,  Very truly yours,  MARIA LINDA H GADINGAN Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  QUID  Expense Code:  176-10  Budget:  Bud				200000		-	_		
1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to Philhealth before the acceptance of PO.  4. Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Very truly yours,  Very truly yours,  Very truly yours,  MARIA LINDA H GADINGAN Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  QUID  Expense Code:  176-10  Budget:  Bud								_	
2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O. 3. Non-availability of stock shall be made known to PhillHealth before the acceptance of PO. 4. PhillHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted. 5. In case of retuned/ rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Wery truly yours,  IMELDA CRISTETA D. VILLAMAR Division Chief, MSD  Certified Budget Available  Funds Available in the amount of: PhP  14,900.00 APPROVED:  MARIA LINDA H GADINGAN Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  Expense Code:  17/5 - 10  Budget:  Budget:  LIUBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  2017  Regional Vice President  Budget:  LIUBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  Expense Code:  17/5 - 10			***					,	
1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.  2. NO price increase shall be made by thr supplier within seven (7) days from the date of the acceptance of P.O.  3. Non-availability of stock shall be made known to Philhealth before the acceptance of PO.  4. Philhealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete, non-compliant as to specification when quoted.  5. In case of retuned/ rejected items which cannot be replaced within seven (7) calendar days from notice, Philhealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.  Very truly yours,  Very truly yours,  Very truly yours,  Very truly yours,  MARIA LINDA H GADINGAN Fiscal Examiner A/ Budget Officer - Des.  Within the COB:  QUID  Expense Code:  176-10  Budget:  Bud							-		
Division Chief, MSD  Certified Budget Available  Funds Available in the amount of: PhP  14,900.00  APPROVED:  LILIBETH M. PALACI  Fiscal Examiner A/  Budget Officer - Des.  Within the COB:  Expense Code:  Budget:  Division Chief, MSD  APPROVED:  APPROVED:  APPROVED:  APPROVED:  ATTY. JURRY F. IBAY  Regional Vice President  ATTY. JURRY F. IBAY  Regional Vice President	<ol> <li>Purcha</li> <li>NO price</li> <li>Non-ave</li> <li>PhilHeat defective</li> <li>In case</li> </ol>	ase Order (PO) so ce increase shal railability of stoo alth shall have t we, incomplete, of retuned/ rej	ll be made ck shall be the right to non-com jected iter	e by thr supplier within seven (7 e made known to PhilHealth be o reject and return the items ar pliant as to specification when ms which cannot be replaced w	7) days from the da fore the acceptance and cancel the corre quoted. vithin seven (7) cale	ite of the acceptance of PO. Esponding PO if good Endar days from not dar days.  Very truly yo	te of P.O.  ds delivered are tice, PhilHealth ours,		
LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des. Within the COB: Expense Code: Budget:  MARIA LINDA H. GADINGAN Fiscal Controller III  ATTY. JERRY F. IBAY Regional Vice President									
Fiscal Examiner A/ Fiscal Controller III  Budget Officer - Des.  Within the COB: 276-10  Budget: Fiscal Controller III  ATTY. JERRY F. IBAY  Regional Vice President	Certified Bud	get Available		Funds Available in the amou	nt of: PhP 14,9	900.00 APPROVED:			
17 -2+ -13	Fis Bud Within the C Expense Cod	scal Examiner A lget Officer - De COB:	/ es. - ቢሀነን	Fiscal Contr			Regional Vice Pr	esident	
Remarks: Wabatch ammundamt EOV 4 1175. 2017)		and paten from	mindinl	FOURTH 1176 POINT			12-2+	- 13	

Conforme:

Signature over Printed Name and Position of Authorized Representative