

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: JC COMMERCIAL CENTER P.O. No.: P-13-095
Address: GF Center Mall, Magsaysay St., Baguio City Date: 17-Dec-13
Tel./Fax No.: 442-5228 Term/s of Payment: on account
Supplier Registered with: _____ Mode of Procurement: Shopping

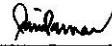
Please deliver to this office within 15 days from receipt hereof the following:

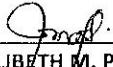


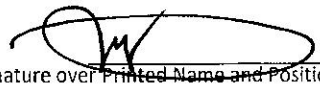
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	pc	Cork Board, 1' x 1', w/ frame	220.00	660.00
2	21	pc	Folder, tagboard, A4	3.75	78.75
3	3	bx	Gun Tucker Wire, T-30	36.00	108.00
TOTAL					846.75
Less: 5% Final Tax				42.34	804.41
1% EWT				8.47	795.94
Net of Tax					787.47

Terms & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of P.O.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 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.
- In case of returned/ 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 <u>846.75</u>	APPROVED:
 LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	 MARIA LINDA H. GADINGAN Fiscal Controller III		 ATTY. JERRY F. IBAY Regional Vice President
Within the COB: <u>2013</u>			
Expense Code: <u>774-10</u>			
Budget: _____			
Remarks: _____			
Conforme:  Signature over Printed Name and Position of Authorized Representative		Date: _____	