

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:	<u>MDE TRADING</u>	P.O. No.:	<u>P-13-096</u>
Address:	<u>2F KDC Bldg., 91 Marcos Hiway, B.C.</u>	Date:	<u>17-Dec-13</u>
Tel./Fax No.:	<u>422-4195</u>	Term/s of Payment:	<u>on account</u>
Supplier Registered with:		Mode of Procurement	<u>Shopping</u>

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

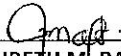


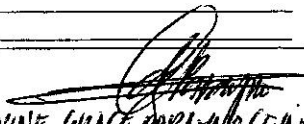
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	boxes	Carbon Paper, legal, ordinary	112.80	225.60
2	22	boxes	Computer Continuous Form, 11" x 10-5/8", SMART Brand	1,105.00	24,310.00
3	7	pcs	Ribbon, for Amano Bundy Clock, EX3000N	395.00	2,765.00
TOTAL					27,300.60
Less: 5% Final Tax				1,218.78	
1% EWT				243.76	1,462.54
Net of Tax					25,838.06

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  LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	Funds Available in the amount of: PhP <u>27,300.60</u>  MARIA LINDA H. GADINGAN Fiscal Controller III	APPROVED:  ATTY. JERRY F. IBAY Regional Vice President Date _____
Within the COB: <u>2017</u> Expense Code: <u>774-10</u> Budget: _____ Remarks: _____ Conforme:  DIVINE GRACE PARAYNO (FINANCIAL STAFF) Signature over Printed Name and Position of Authorized Representative		