

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>Stable Educational Supply</u>	P.O. No.: <u>P-13-097</u>
Address: <u>Lower Bonifacio St., Baguio City</u>	Date: <u>17-Dec-13</u>
Tel./Fax No.: <u>444-9665</u>	Term/s of Payment: <u>on account</u>
Supplier Registered with: _____	Mode of Procurement: <u>Shopping</u>

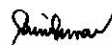
Please deliver to this office within 15 days from receipt hereof the following:

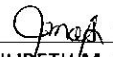


NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	60	pcs	Ballpoint Pen, violet	19.75	1,185.00
2	49	pcs	Data File Folder, vertical file, 3" x 9" x 15"	185.00	9,065.00
3	535	pcs	Envelope, expanding, kraftboard, legal	7.47	3,996.45
4	15	pcs	Folder, pressboard, expanding, legal	8.50	127.50
5	75	pcs	Folder, pressboard, plain, legal	8.50	637.50
6	33	bots	Glue, 130g, Elmer's	38.00	1,254.00
7	8	bx	Rubber Band, small, 350g	185.00	1,480.00
<b>TOTAL</b>					<b>17,745.45</b>
Less: 5% Final Tax				792.21	
1% EWT				158.44	950.65
<b>Net of Tax</b>					<b>16,794.80</b>

**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  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">   <b>LILIBETH M. PALACI</b>          Fiscal Examiner A/          Budget Officer - Des.       </div> <div style="width: 45%;">   <b>MARIA LINDA H. GADINGAN</b>          Fiscal Controller III       </div> </div> Within the COB: <u>2013</u> Expense Code: <u>774-10</u> Budget: _____ Remarks: _____ Conformer: _____	Funds Available in the amount of: PHP <b>17,745.45</b> APPROVED:  <div style="text-align: center;">   <b>ATTY. JERRY F. IBAY</b>          Regional Vice President       </div> <div style="text-align: center;">         Date _____       </div>
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**THE STABLE EDUCATIONAL SUPPLY**  
 No. 12C Lower Bonifacio St., Baguio City  
 Signature over Printed Name and Position of Authorized Representative  
**MARCH WELDON C. MAYPO**  
 Tel. # 444-9665