## Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office - Cordillera Administrative Region

4/F SSS Bidg., Harrison Road, Baguio City Tel. # (074) 444-5345/446-0371

POMM-P-006

Date

## **PURCHASE ORDER**

		COPYLANDIA OFFICE SYSTEMS CORP.			P.O. No.:	P-13-098		
Address:		Patria de baguio, Session Rd., Baguio City			Date:	Dec. 20, 2013		
Tel./Fax <b>N</b> o.		074) 446-5	5368		Term/s of Payment:	COD		
Supplier Registered with:					Mode of Procurement:		Small Value	
	Please deliver	r to this off	ice within	UPON	PAYMENT from receip	ot hereof the follo	wing:	
NO.	QTY UNIT ITEM DESC			RIPTION	UNIT PRICE	TOTAL AMOUNT		
1	10	tubes Risograph in RZ black				1,690.00	16,900.00	
			Less: 1	10% Discount			1,690.00	
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							1.000	
			TOTAL				15,210.00	
	-		Less	: 5% Final Tax 1% EWT	679.02	-	014.00	
			Not of Ton	176 EVV 1	153.60	1	814.82	
			Net of Tax				14,395.18	
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				\$1		1.00		
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Terms & Con					-			
<ol> <li>Purchas</li> <li>NO price</li> <li>Non-ava</li> <li>PhilHeal defective</li> <li>In case of</li> </ol>	se Order (PO) e increase sha ailability of sto Ith shall have t e, incomplete of retuned/ re	II be made ock shall be the right to , non-comp jected item	by thr supplier w made known to reject and retur bliant as to specif s which cannot b	vithin seven (7) days PhilHealth before th n the items and cand fication when quoted be replaced within se	even (7) calendar days from no ee (3) calendar days. Very truly y	ce of P.O. ods delivered are		
<ol> <li>Purchas</li> <li>NO price</li> <li>Non-ava</li> <li>PhilHeal defective</li> <li>In case of</li> </ol>	se Order (PO) e increase sha ailability of sto Ith shall have t e, incomplete, of retuned/ re mand full refu	II be made ock shall be the right to , non-comp jected item	by thr supplier w made known to reject and retur bliant as to specif is which cannot b ient made "in cas	vithin seven (7) days PhilHealth before th n the items and cand fication when quoted be replaced within se sh" or "in check" thre	from the date of the acceptance acceptance of PO. cel the corresponding PO if good. even (7) calendar days from notee (3) calendar days.  Very truly y	ods delivered are otice, PhilHealth ours, ELDA CRISTETA D Division Chief,		
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to TEBAN / Branch Coordinator

Conforme:

MARK (JOSEL H

Signature over Printed Name and Position of Authorized Representative