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

P-13-101

PURCHASE ORDER

Supplier:		Laser Mar	keting	P.O. No.:	P-1	13-101
Address:		26-A Upper	Mabini St., Baguio City	Date:	27-	Dec-13
Tel./Fax No.: 442-5854/4			447-0203/443-3788	Term/s of Payment:	on account	
Supplier Registered with:				Mode of Procurement:	Sho	opping
	Please del	iver to this off	ice within 15 days	from receipt	hereof the follow	wing:
NO.	QTY	UNIT	ITEM DESCRIPTIO)N	UNIT PRICE	TOTAL AMOUNT
1	100	рс	Ballpen, blue		19.45	1,945.00
2	50	рс	Ballpen, red		19.45	972.50
3	22	рс	Data File Folder, vertical (portrait) file, 3	3" x 9" x 15:	120.00	2,640.00
4	50	pc	Envelope, long, brown		1.30	65.00
5	1	рс	Dry Seal, "Philippine Health Insurance C Administrative Region"	Corporation - Cordillera	1,500.00	1,500.00
			TOTAL			7,122.50
100 to 10			Less: 5% Final Tax 1% EWT	317.97 63.59		381.56
			Net of Tax			6,740.94
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- 1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- 3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO. defective, incomplete, non-compliant as to specification when quoted. shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.

Very truly yours,

IMELDA CRISTETA D Division Chief, MSD

Certified Budget Available	Funds Available in the amount of PhP 7,122.	APPROVED:
LILIBETH M/PALACI Fiscal Examiner A/ Budget Officer - Des. Within the CO8: Expense Code: Budget: Remarks:	MARIA LINDA H. GADINGAN Fiscal Controller III	ATTY. JERRY F. IBAY Regional Vice President 12/27/13
Conforme: Signature over Printed Nar	ne and Position of Authorized Representative	Date