

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:	Stable Educational Supply	P.O. No.:	P-13-102
Address:	Lower Bonifacio St., Baguio City	Date:	27-Dec-13
Tel./Fax No.:	444-9665	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	50	pcs	Envelope, short, brown	1.00	50.00
2	55	rms	Paper, PPC, legal	135.00	7,425.00
TOTAL					7,475.00
Less: 5% Final Tax					333.71
1% EWT					66.74
Net of Tax					7,074.55

Terms & Conditions:

1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of P.O.
3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
4. 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.
5. 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,

J. Villamar
IMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

<p>Certified Budget Available</p> <p style="text-align: right;">Funds Available in the amount of: PhP 7,475.00</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; text-align: center;"><p><u><i>[Signature]</i></u> LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.</p></div><div style="width: 45%; text-align: center;"><p><u><i>[Signature]</i></u> MARIA LINDA H. GADINGAN Fiscal Controller III</p></div></div> <p>Within the COB: <u>2013</u></p> <p>Expense Code: <u>774-10</u></p> <p>Budget: _____</p> <p>Remarks: _____</p>	<p>APPROVED:</p> <div style="text-align: center;"><p><u><i>[Signature]</i></u> ATTY. JERRY F. IBAY Regional Vice President</p><p><u>12/27/13</u> Date</p></div>
<p>Conforme:</p> <div style="text-align: center;"><p><u><i>[Signature]</i></u> Signature over Printed Name and Position of Authorized Representative</p></div>	