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:	INKLINE TRADING	P.O. No.:	P-13-104
Address:	Assumption Rd., Baguio City	Date:	27-Dec-13
Tel./Fax No.:	424-1371	Term/s of Payment:	cod
Supplier Registered with:		Mode of Procurement	Shopping

Please deliver to this office within upon payment from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc	Ink Cartridge, Docuprint, c5005d, blk	10,700.00	10,700.00
2	3	pc	Ink Cartridge, HP CP151500 CB540A, blk	3,100.00	9,300.00
3	3	pc	Ink Cartridge, HP CP151500 CB542A, yellow	3,045.00	9,135.00
4	3	pc	Toner Cartridge, HP PRO401n, CF280A	4,895.00	14,685.00
5	3	pc	Toner Cartridge, Fuji Xerox Phaser 4600	17,895.00	53,685.00
			TOTAL		97,505.00
			Less: 5% Final Tax 4,352.90		
			1% EWT 870.58		5,223.48
			Net of Tax		92,281.52

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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 retuned/ 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 — Funds Available in the amount of: PhP 97,505.00

LILIBETH M. PALACI
Fiscal Examiner A/
Budget Officer - Des.

MIRASOL E. ADRIAS
Fiscal Controller IV

Within the COB: 2013
Expense Code: 765-00
Budget:
Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ATTY. JERRY F. IBAY
Regional Vice President

12/27/13
Date