

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: Baguio Office Systems & Solutions, Inc. P.O. No.: P-13-105
Address: 18 Legarda Rd., Baguio City Date: 27-Dec-13
Tel./Fax No.: 442-0799/423-9361 Term/s of Payment: on account
Supplier Registered with: _____ Mode of Procurement: Shopping

Please deliver to this office within 20 days from receipt hereof the following:



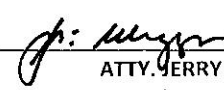
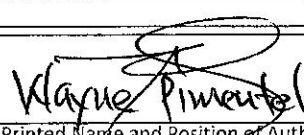
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	AC Power Adaptwe (Inout: 100-240v; 1300mA)	1,350.00	1,350.00
TOTAL					1,350.00
Less: 5% Final Tax					60.27
1% EWT					12.05
Net of Tax					1,277.68

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,


IMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

Certified Budget Available		Funds Available in the amount of: PhP	1,350.00	APPROVED:
 LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	 MARIA LINDA H. GADINGAN Fiscal Controller III	 ATTY. JERRY F. IBAY Regional Vice President		
Within the COB: <u>2013</u>				
Expense Code: <u>745-0</u>				
Budget: _____				
Remarks: _____				
Conforme:  Wayne Pimentel 12/27/13 Signature over Printed Name and Position of Authorized Representative		Date		