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: Address:		Baguio Offi	ice Systems & Solutions, Inc.	P.O. No.:	P-	P-13-106 27-Dec-13	
			Rd., Baguio City	Date:	27		
Tel./Fax No.: 442-0799/423-9361 Supplier Registered with:			123-9361	Term/s of Paymen	t: on	on account Shopping	
				Mode of Procuren	nent: Sh		
SOUTH THE PROPERTY OF THE SOUTH SECTION OF THE SECTION		er to this off	fice within	35 days from r	eceipt hereof the follo	wing:	
NO. QTY				ESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
1	15 set		Surveillance Camera, 1 DVR w/ 4 Cameras per set (2 indoor; 2		; 2 27,948.50	419,227.50	
		on noon	outdoor)				
	i		TOTAL			419,227.50	
	Name		Less: 5% Final Tax 1% EWT	18,715.51 3,743.10		22,458.61	
		* 18150	Net of Tax			396,768.89	
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3. Non-av 4. PhilHea defecti 5. In case	vailability of s alth shall hav ve, incomple of retuned/	stock shall be the right to te, non-com rejected iter	e by thr supplier within seven (7) e made known to PhilHealth befo o reject and return the items and pliant as to specification when q ms which cannot be replaced with ment made "in cash" or "in check	re the acceptance of PO. cancel the corresponding PC uoted. nin seven (7) calendar days fr " three (3) calendar days.	if goods delivered are	nothing 12/27	
				-£ DbD 440.227.50 ADDD/	Division Chief	, MSD 	
 LII Fi		er A/	Funds Available in the amount MIRASOL E. A Fiscal Control	NEHULA	ATTY. GERRY F Regional Vice P	F. IBAY resident	
Remarks:							
Conforme:		1/		2 V20	Date		

Signature over Printed Name and Polition of Authorized Representative