

PhilHealth Insurance Corporation  
709 CityState Center Bldg.  
Shaw Blvd. Brgy. Oranbo, Pasig City  
Telefax No. 637-3158

PRID-PS-07

# PURCHASE ORDER

Supplier ASTRAL DATA SYSTEMS, INC.  
Address #1195 Quezon Ave., Quezon City  
Tel.Fax No. 372-8913 to 16 / 372-8919  
Supplier Registered with: PHILHEALTH

P.O No.: 11-167-12  
Date: November 8, 2012  
Term of Payment: On Account  
Mode of Procurement: Small Value Procurement

Office Order No. 0017, s. 2012  
from receipt hereof the following

Please deliver to this office within 30 calendar days

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	8	units	LAPTOP Brand/Model: HP Probook 4440s NB	44,200.00	353,600.00
			LESS:		
			EWT 1% 3,157.14		353,600.00
			GMP 5% 15,785.71		18,942.85
			RIV #		334,657.15
			12-0534 dtd. 08/01/12 PRID-PRSM - Cristina G. Monsalud		111 - 326

## Term & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order / P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasig City
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report
- All deliverables should have 100% compliance on the attached Terms of Reference which will form part of this Job Order.

Very truly yours,

*[Signature]*  
LOLITA V. TULIAO, CESO V  
Senior Manager, PRID

Certified Budget Available: <u>Php 11/13</u>	Funds Available in the amount of: <u>Php 353,600.00</u>	APPROVED:
EDITHA O. RAMASTA Fiscal Controller IV <i>[Signature]</i>	WILLIE M. BUMACOP Fiscal Controller IV <i>[Signature]</i>	OCTAVINO Q. ESGUERRA Senior Vice President, MSS HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2012</u>	Expense Code: <u>416-00</u>	Remarks: <u>charged to Sugid</u>
Expense Code: <u>238-20 CIT Equipment</u>	Available Budget: <u>Php 353,600.00 - 2 units only</u>	
Budget: <u>238-20 - 6 units only</u>	Remarks: <u>charged to Sugid</u>	
Remarks: <u>changed to varying office</u>		
CONFORME:	Signature over/Printed Name and Position of authorized representative	Received copy of P.O.: <u>11-26-12</u> Date
	<u>ANN DEL MERCADO (TECHNICIAN)</u>	

Faxed 11-26  
11:10 AM

Due on Dec 27