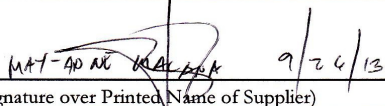

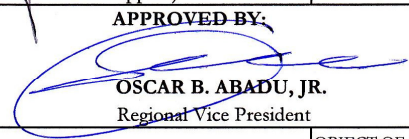



PURCHASE ORDER Philhealth Regional Office 02						
Supplier: Globestar Technologies, Inc. Address: Balzain Highway, Tuguegarao City TIN: 006-288-888-002 Mode of Procurement: Negotiated Procurement - Small Value Procurement				PO NO. : 13-09-0073 Date : 9/12/2013 P. R. NO: Date :		
Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein.						
Place of Delivery: The Builder's Place, Del Rosario St., Tug. City Date of Delivery:				Delivery Term: 10 days Payment Term: credit		
Stock #	Unit	Description	Supplier's Quotation	Qty.	Unit Cost	Amount
F0150	units	Network Attached Storage		7	45,000.00	315,000.00
		Details	Standard			
		Device Type	Network Attached Storage	Y		
		Total Storage Capacity	At least 4TB capacity (scalable up to 12TB)	Y		
		Number of Drives	Must be capable to accommodate up to at least four (4) disk drives	Y		
		Disk Drive Type	Must support Serial ATA (SATA 3Gbps)	Y		
		Disk Drive Compatibility	Must support 1TB, 2TB & 3TB disk capacity	Y		
		RAID Level Support	Must support RAID 0/1/5/10/10BOD	Y		
		Enclosure Capability	Must be hot-swap/hot-space capable	Y		
		Host Connectivity/Interface	Must have at least one(1) Gigabit Ethernet port (10/100/100mbps) & at least one (1) USB port	Y		
		Connector Type	RJ45 (Ethernet port)	Y		
		Display Monitor	Must have LCD status monitor	Y		
		LED Indicators	Power LED	Y		
			System Busy LED (booting, upgrade, shutdown)	Y		
			Network link + Activity LED (connectivity)	Y		
			Activity LED for each disk drive	Y		
		Protocol Support	Networking: TCP/IP	Y		
			File Sharing: SMB/CIFS, AFP, HTTP/HTTPS,FTP/FTPS,NFS	Y		
			Management HTTP/HTTPS,SNMP	Y		
		Client Operating System Support	Windows 7 (32-bit/64-bit), Windows Vista (32-bit/64-bit),	Y		
			Windows XP, Windows 2000, Windows Server 2003,	Y		
			Windows Server 2003 R2, / Windows Server 2008m Windows	Y		
			Server 2008 R2, Mac OS	Y		
		Authentication/Security	Active Directory Support: user authentication and folder level permission	Y		
		Power Supply	Must have internal or external power supply (AC 100-200V 50/60Hz)	Y		
		Power Supply	IEEE802.3ab/ IEEE802.3/ IEEE802.3u & USB 2.0	Y		
		Warranty	At least 1 year	Y		

E0087	units	SCANNER			21	3,458.00	72,618.00								
		Type	Flatbed	Canon Lide 110 Flatbed											
		Optical resolution	At least 2400x4800 dpi	yes											
		Color Depth (output)	At least 48 bit	yes											
		Grayscale Depth (output)	At least 16 bit	yes											
		Preview	At least 15 seconds (the faster, the better)	Approx.14 sec.											
		Interface	Highspeed USB (2.0)	yes											
		Scanning Area	A4 size	yes											
		Should be Windows 2000/XP/Vista/7 Compatible	Y	yes											
		Should Have Installer CD/DVD,USB Cable and Manuals	Y	yes											
		Warranty	At least 1 year	yes											
(Total Amount in Words) Three Hundred Eighty Seven Thousand Six Hundred Eighteen Pesos.					387,618.00										
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed. Render your bills in triplicate copies including the original. If the date of receipt of the PO by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the PO. For imported items, IMPORTANT DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased and the tax receipts should be submitted by the</p>															
CONFORME:  (Signature over Printed Name of Supplier)				yours,  LOVELYN B. SABBAN Division Chief IV											
APPROVED BY:  OSCAR B. ABADU, JR. Regional Vice President															
Funds Available:  LILIA C. QUINTO Fiscal Controller IV				<table border="1"> <thead> <tr> <th>OBJECT OF EXPENDITURES</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>1 _____</td> <td>_____</td> </tr> <tr> <td>2 _____</td> <td>_____</td> </tr> <tr> <td>3 _____</td> <td>_____</td> </tr> </tbody> </table>				OBJECT OF EXPENDITURES	AMOUNT	1 _____	_____	2 _____	_____	3 _____	_____
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