

PURCHASE ORDER

Supplier: **3GX COMPUTERS & IT SOLUTION, INC.** PO No. 14-02-082
Address: Naga City Date: 2-13-14
Tel. Fax No.: _____ Terms of Payment: Charge
Supplier Registered with: _____ Mode of Procurement: Public Bidding

Please deliver to this office within 30 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	12	carts	ink, canon PG40	930.00	11,160.00
	12	carts	ink, EPSON 143 - black	500.00	6,000.00
	12	carts	ink, EPSON 143 - cyan	500.00	6,000.00
	12	carts	ink, EPSON 143 - magenta	500.00	6,000.00
	12	carts	ink, EPSON 143 - yellow	500.00	6,000.00
	6	carts	ink, HP94, black	920.00	5,520.00
	12	carts	ink, HP704, black	338.00	4,056.00
	12	carts	ink, HP704, tricolor	338.00	4,056.00
	16	carts	ink, canon 810 Black	755.00	12,080.00
	8	carts	ink, canon 811 Colored	985.00	7,880.00
	3	carts	ink, Epson C110 Black	531.00	1,593.00
	3	carts	ink, Epson C110 Cyan	531.00	1,593.00
	3	carts	ink, Epson C110 Magenta	531.00	1,593.00
	3	carts	ink, Epson C110 Yellow	531.00	1,593.00
	3	carts	ink, Canon LBP 3150 Cart 312	3,150.00	9,450.00
	24	pc	ribbon, EPSON LX300	90.00	2,160.00
	37	pc	ribbon, EPSON LQ2190	750.00	27,750.00
	20	carts	toner, HP90A	7,900.00	158,000.00
	116	carts	toner, HP64A	7,208.00	836,128.00
	22	carts	toner, HP42A	6,890.00	151,580.00
	2	unit	Fuser film assembly, HPM601 printer	29,500.00	59,000.00
	11	unit	Fuser film assembly, HP4014 printer	29,500.00	324,500.00
	4	unit	Fuser film assembly, HP4250 printer	20,000.00	80,000.00
					1,723,692.00

IT Supplies - 4th QTR, LHIO/PRO

Terms & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- 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. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.

Note This serves as a Notice to Proceed

Certified Budget Available:	Funds Available in the amount of: <u>1,723,692.00</u>	APPROVED:
LERI L. ILABAN Budget Officer Designate	SHIRLEY S. VICTORIA Fiscal Controller IV	 ORLANDO D. INIGO, JR. Regional Vice-President
With in the COB:	<u>2013</u>	
Expense Code:	<u>ASSORTED, 785-00</u>	
Bdget:	<u>1,723,692.00</u>	
Remarks:	<u>ACRUED</u>	Date
Conforme:		PhilHealth Regional Office 5
Signature over Printed Name and Position of Authorized Representative		 RECEIVING <u>7256</u>