



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office IVA
 AMCJ Square Building, Diversion Road, Brgy. Bocohan, Lucena City
 Healthline (042) 373-7782 region4a@philhealth.gov.ph



POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **PHILCOPY CORPORATION**
 Address: 793 J.P. Rizal Avenue, Makati City
 Tel./Fax No.: (02) 899-8625/899-8421 Telefax: (02) 899-8423/8998417
 Supplier Registered with:

PO No. 13-097
 Date: 17-Jul-13
 Terms of Payment: on account
 Mode of Procurement: Public Bidding

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	units	Printer, Laserjet, Network, Kyocera FS-4100DN	41,888.00	418,880.00
			Minimum Speed: at least 45ppm		
			Minimum Processor speed: At least 750MHZ		
			Minimum warm up time (first page out): 9 seconds or less		
			Standard input tray: At least 500 sheets		
			Minimum Print resolution (dots per inch): At least 1200		
			Memory (Minimum): 256 MB built-in RAM expandable upgradable to 1280 MB		
			Interfaces Supported: Bi-directional interface, IEEE 1284-Compliant		
			Network Connectivity: Ethernet 100BaseT/10BaseT		
			Connectivity: USB or Parallel		
			Printer Cable: Provided		
			Manuals, software driver and print management software: Provided		
			Warranty: 3 years		
			nothing follows		418,880.00
			Less Taxes: 5% VAT	18,700.00	
			1% EWT	3,740.00	22,440.00
			=p=		396,440.00

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.

Very truly yours,

MIGUEL T. MACALINAO
 Division Chief, MSD

Certified Budget Available: Funds Available in the amount of: 418,880 -

ERLYN C. NOJAS
 Fiscal Controller I

FELICIANA D. PASTORPIDE
 Fiscal Controller IV

With in the COB: 2013 COB
 Expense Code: 238-20
 Budget: 418,880.00
 Remarks: Ref # 2013-07-00163

APPROVED:

ALBERTO C. MANDURIAO
 RVP, PRO IV-A



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Conforme:

DEEJEE J.C. OKLANDA / PRODUCT SPECIALIST
 Signature over Printed Name and Position of Authorized Representative

August 9, 2013

Date