Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 008

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MATCO COMPUTER CENTER
Address: 203 B. Corner 4th St., along 11th Ave. Grace Park, Caloocan City
Tel./Fax No.: (02) 441-4502 / 363-4769
Supplier Registered with: 224-226-547-000 V

PO No. 14-068 / IAR No. 049
Date: 6/24/2014
Terms of Payment: Payment upon delivery
Mode of Procurement: Shopping

Please deliver to this office within 3-5 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	15	cart	Toner Cartridge for Epson Aculaser M1400, 0652 (original)	1,600.00	30,400.00
	35	cart	Toner Cartridge for HP Laserjet Network Printer 4250n, Model: Q5942A (*w/ free service unit for HP 4250n Printer (1 unit) remanufactured*)	3,600.00	126,000.00
				TOTAL	156,400.00
			Less: TAX		
			VAT (5%/1.12)	6,982.14	
			EWT (1%/1.12)	1,398.43	8,378.57
			PR# 14-0530-0037		
			PURPOSE: for 2nd Quarter of CY 2014 supplies	TOTAL	148,021.43

Terms & Conditions:

1. In case of failure to make the full delivery within the time specified above, **a penalty of one-tenth (1/10) of one percent (1%) for every day of delay** shall be imposed.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. Purchase Order (PO) shal be accepted by the supplier before the delivery of goods and/ or services.
4. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
5. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
6. 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.
7. 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,
6/25/14
CYNTHIA S. SANTOS
DIVISION CHIEF IV, MSD

Certified Budget Available:
JOSE A. MONES
Fiscal Controller III

Funds Available in the amount of: 156,400

JANE C. RAGOS
Fiscal Controller IV

With in the COS:
Expense Code:
Object:
Remarks:

PHILHEALTH REGIONAL OFFICE I
CDA
JUN 27 2014
8:50

APPROVED:
ELVIRA C. VER
REGIONAL VICE PRESIDENT, PRO1
6/26/14
Date

Conforme:
Signature over Printed Name and Position of Authorized Representative
Date: 6/26/14

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
6. This form shall be prepared in 3 copies distributed as follows:
   1 copy - Comptrollership Dept. 1 copy - COA 1 copy - Supplier