

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: PC CARTEL COMPUTER SALES  
Address: G/F Hufana Bldg., Arellano St., Dagupan City  
Tel.Fax No.: 515-6388 / 523-3179  
Supplier Registered with: 929-164-808-000 VAT

PO No. 14-113 / IAR No. 74

Date: 9/10/2014

Terms of Payment: Charge

Mode of Procurement: Shopping


Please deliver to this office within **1-2 weeks working days** from receipt hereof the ff:


NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	4	units	FACSIMILE MACHINE, (see attached specs)	13,750.00	55,000.00
			<b>Brand &amp; Model:</b> Brother MFC-7290		
			<b>Warranty:</b> Minimum of 12 months from the date of purchased and another 12 months for the extended warranty		
			<b>Price Validity:</b> 1 month from the date of canvass (8/28/14)		
			<b>Note:</b> According to Specs		
			xxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxxx		
			<b>Less:</b> VAT (5%/1.12)	2,455.36	
			<b>EWT</b> (1%/1.12)	491.07	2,946.43
			<b>RIV#</b> 14-0722-0296		
			<b>PURPOSE:</b> For GSU, LHIO-Ilocos Sur and LHIO-La Union use	<b>TOTAL</b>	<b>52,053.57</b>

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) shall 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,

  
**CYNTHIA S. SANTOS**  
DIVISION CHIEF IV, MSD

Certified Budget Available: _____		Funds Available in the amount of: <u>55,000</u>	APPROVED:
<b>JOSE A. MONES</b> Fiscal Controller III		<b>JANE C. RAGOS</b> Fiscal Controller IV	 <b>ELVIRA C. VER</b> REGIONAL VICE PRESIDENT, PRO1
With in the COB: <u>2014</u>	Expense Code: <u>2014-20</u>	Bdget: <u>PRO-CON</u>	
Remarks: _____		Date: _____	
Conformed: <u>[Signature]</u> <b>TERESA D. RENCINO</b> Date: <u>9/16/14</u>		Date	
Signature over Printed Name and Position of Authorized Representative			

**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
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