



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
ANST BLDG III ALTERNATE RD LEGAZPI CITY 4815597

POMM-P-006

PURCHASE ORDER

PHILHEALTH REGIONAL OFFICE V

Supplier: MASANGKAY COMPUTER CENTER  
Address: 1143 G Masangkay St. Sta Cruz Manila  
Tel.Fax No.: \_\_\_\_\_  
Supplier Registered with: \_\_\_\_\_

PO No. 14-08-074  
Date: 02-27-14  
Terms of Payment: charge  
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
	29	carts	Ink Cartridge, canon PG40	978.00	28,362.00
	25	carts	Ink Cartridge, HP704, Black	370.00	9,250.00
	25	carts	Ink cartridge, HP704, colored	370.00	9,250.00
	1	pc	Maintenance kit for HP 4015	28,875.00	28,875.00
	1	pc	Maintenance kit for HP 4250	28,875.00	28,875.00
	31	pcs	Ribbon, Epson LQ 2180	724.00	22,444.00
	58	pcs	Ribbon, Epson LX 300	76.00	4,408.00
	4	carts	Toner cartridge Fuji Xerox Phaser, 4600DN	19,388.00	77,552.00
	45	carts	Toner cartridge for HP 4014, 64A	6,448.00	290,160.00
	21	carts	Toner cartridge for HP 4250, 42A	6,225.00	130,725.00
	36	carts	Toner Cartridge for HPM602, 90A	7,278.00	262,008.00
					891,909.00

Terms & Conditions:

1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services.
2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
4. 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.
5. 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,

ROSIE B. SALVIDAR

HRMO III ACTING AO IV

NOTE: This serves as a Notice to proceed

Certified Budget Available: _____ Funds Available in the amount of: _____	APPROVED:
 LERI L. MAGAN Budget Officer Designate 2014c ASS et al, 785-00 With in the COB: 891,909.00 Expense Code: 2014-06-00035 Bdget: _____ Remarks: _____	 DAVID I. ESCANDOR OIC RVP - PROV
Conforme: AILEEN S. FRANCINIJA Signature over Printed Name and Position of Authorized Representative	CG - 09 - 2014 Date

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.