

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

PHILHEALTH REGIONAL OFFICE V

ANST BLDG III ALTERNATE RD LEGAZPI CITY 4815597

PURCHASE ORDER

		100	
CII	nn	lier:	
Ju	\mathbf{n}	HEI.	

3GX COMPUTER & IT SUPPLY

Address: 3gx Solutions Bldg. Elias Angeles St Dinaga, Naga City

Tel.Fax No.:

3gx Solutions Bidg. Elias Angeles St Dinaga, Naga City

Supplier Registered with: ______

PO No. 14-12-0084

Date: 30-Dec-14

ms 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
	25	25 carts Ink, canon PG40			24,250.00
	20	carts	Ink, HP932XL black, for printer HP Officejet 7110	1,200.00	24,000.00
	20	carts	Ink, HP933XL cyan, for printer HP Officejet 7110	865.00	17,300.00
	20	carts	Ink, HP933XL magenta, for printer HP Officejet 7110	865.00	17,300.00
	20	carts	Ink, HP933XL yellow, for printer HP Officejet 7110	865.00	17,300.00
	6	carts	Ink, Printer Canon 810	785.00	4,710.00
	6	carts	Ink, Printer Canon 811	995.00	5,970.00
	6	carts	Ink, Epson 73N/C110 black	477.00	2,862.00
	6	carts	Ink, Epson 73N/C110 cyan	477.00	2,862.00
	6	carts	Ink, Epson 73N/C110 magenta	477.00	2,862.00
	6	carts	Ink, Epson 73N/C110 yellow	477.00	2,862.00
	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
	25	carts	Toner for Printer xeros phaser 4600 DN	19,340.00	483,500.00
	60	carts	Toner for Printer HPM602, 90A	7,280.00	436,800.00
	2	carts	Toner, MLT-D116S, for laserjet printer, Samsung express M2825DN	3,240.00	6,480.00
	24	bcz.	Ribbon for Epson LQ2180	724.75	17,394.00
	2	units	Maintenance kit for printer HP 4250	21,000.00	42,000.00
	3	units	Maintenance kit for printer HP 4014	27,000.00	81,000.00
	4	units	Maintenance kit for printer HP M601	29,800.00	119,200.00
	2	units	Maintenance kit for printer Xerox Phaser 4600	15,500.00	31,000.00
		98			1,363,652.00

Terms & Conditions:

- 1. Purchase Order (PO) shal 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,

NOTE: This serves as a Notice to proceed

LORENA M. RUBIS

Chief, MSD

			5
Certified Budget Available: Funds Available in the amount of: 1,36,650			APPROVED:
Budget officer Designate	Fiscal Controller IV		
Dauget officer Designate		rised controller to	()
With in the COB:			ORLANDO D. IÑIGO, JR.
Expense Code:	2014		Regional Vice President - PRO V
Remarks:	ASS, 785-00		
-	1 363 652 00		
Conforme:	2014-12-00263 Ka	crued	*

Signature over Printed Name and Position of Authorized Representative

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.
- 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 coipies distributed as follows:
 - 1 copy PRID
 - 1 copy Comptrollership Dept.
 - 1 copy COA