

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 Telefax No. 637-3158 637-4735

PURCHASE ORDER

Supplier: **S1 TECHNOLOGIES, INC.**
 Address: 70 De Jesus St., San Francisco Del Monte, Quezon City
 Tel.Fax No.: 371-6868
 Supplier Registered with: PHILHEALTH

Purchase Order No.: **06-034-16**
 Date: June 3, 2016
 Term of Payment: On Account
 Mode of Procurement: Small Value Procurement

Please deliver to this office within **20 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	units	Facsimile Machine Brother MFC-7360 Multifunction Laser Printer	12,868.20	128,682.00
			Note: (1) year warranty		128,682.00
			LESS: EWT 1% 1,148.95 ✓ GMP 5% 5,744.73 ✓		6,893.68
					121,788.32
			RIV # Please see attached Distribution List		

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office order No. 0018-2015 entitled (Reiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours,

[Signature]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php128,682.00	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III PO 06-006	<i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III		<i>[Signature]</i> ATTY. GILBERT G. KINTANAR Corporate Legal Counsel HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2016	Expense Code: 298-30 (Communication Equipment)	Budget: 128,682.00	
Remarks: changed to various office			

CONFORME:	Received copy of P.O.:
Signature over Printed Name and Position of authorized representative	Date

415-5172

PURCHASE ORDER

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 Address: 70 De Jesus St., San Francisco Del Monte, Quezon City
 Tel. Fax No.: 371-6868
 Supplier Registered with: PHILHEALTH

Purchase Order No.: 06-034-16
 Date: June 3, 2016
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 Mode of Procurement: Small Value Procurement

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			LESS: FWT 1% 1,148.95 GMP 5% 5,744.73		6,893.68
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Administrative Officer III

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<i>Corazon M. Tabulao</i> CORAZON M. TABULAO Fiscal Controller III PO 06-006	<i>Lilia R. Garrido</i> LILIA R. GARRIDO Fiscal Controller III		<i>Gilbert G. Kintanar</i> ATTY. GILBERT G. KINTANAR Corporate Legal Counsel HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2016	Expense Code: 218-20 (Communication Equipment)		
Budget: P128,682.00	Remarks: changed to various office		
CONFORME:	Received copy of P.O.:		
<i>Donna Marie D. Malcare</i> DONNA MARIE D. MALCARE / ACCOUNT MANAGER Signature over Printed Name and Position of authorized representative	<i>6/14/2016</i> Date		