



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MJR COMPUTERS AND LAPTOP SPECIALIST
 Address: Perez Blvd., Dagupan City
 Tel.Fax No.: 529-0821
 Supplier Registered with: 431-460-961-000 V

PO No. 16-4
 Date: 2/23/2016
 Terms of Payment: Charge
 Mode of Procurement: Shopping

Please deliver to this office within **1 week** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	unit	500GB SATA 6GB/s 64MB cache 7200RRM (Seagate)	2,317.86	2,317.86
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)		103.48
			PR No. 16-0112-0113		
			PURPOSE: For replacement of defective hard drive for.COM-238.		
			TOTAL		2,214.38

Terms & Conditions:

COM-0218

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 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.
- 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,

PHILHEALTH REGIONAL OFFICE I
 C/A
FEB 29 2016
 Received By: [Signature]
 Time: 4:15 PM

MARICAR M. ARZADON, M.D.

Division Chief, MSD

By the authority of the DC IV

MARIE DONNA O. ANTONA

Administrative Officer IV

Certified Budget Available: _____ Av _____ the amount of: <u>2317.86</u> JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____ Conforms to: _____ <u>Ethelyn Nesperos</u> Signature over Printed Name and Position of Authorized Representative Date: <u>2/29/16</u>	APPROVED: RODOLFO B. DEL ROSARIO, JR. RVP, PRO1 By the authority of OIC, ORVP <u>[Signature]</u> MARICAR M. ARZADON Division Chief - MSD Date <u>2-26-16</u>
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INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchase of supplies and other materials, for one time delivery or other simple delivery items.
- This form shall be accomplished in accordance with the procurement procedure upon decision of the Division Chief & Senior Manager as to which supplier to be selected for the purchase and if it had met the required specs.
- All other terms and conditions shall be in accordance with the procurement procedure and signature of authorized personnel.
- The budget allocated must be available in the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract and shall be used for any delivery requirement and payment processing.
- This form shall be prepared in 3 copies as follows: