

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: <u>MJR COMPUTERS AND LAPTOP SPECIALIST</u>	PO No. <u>16-80</u>
Address: <u>Perez Blvd., Dagupan City</u>	Date: <u>8/10/2016</u>
Tel.Fax No.: <u>(075) 529-0821</u>	Terms of Payment: <u>Charge</u>
Supplier Registered with: <u>431-460-961-000 V</u>	Mode of Procurement: <u>Shopping</u>

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	unit	500GB SATA 6GB/s, 64MB Cache 7200RPM (Seagate)	2,286.25	2,286.25
			xxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)		102.06
			PR No. 16-0530-0362		
			PURPOSE: For replacement of defective hard drive for COM-0256		
			TOTAL		2,184.19

Terms & Conditions:

- 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.

By the authority of the FC III

mmzm
MARINEL C. BRAVO
 FISCAL CONTROLLER III

COA
AUG 16 2016
af

Very truly yours,

MARICAR M. ARZADON, M.D.
 MO VII / MSD CHIEF
 By the authority of the DC IV
hdy 8/10
MARIE DONNA O. ANTONA
 ADMINISTRATIVE OFFICER IV

Certified Budget Available: _____ Funds Available in the amount of: _____ <div style="text-align: center;"> BY THE AUTHORITY OF EDWARD Q. ESPIRITU OIC-FMS Head </div> <div style="text-align: center;"> <i>mmzm</i> JOSE A. MONES Fiscal Controller III </div> <div style="text-align: center;"> <i>af</i> JOSE A. MONES Fiscal Controller III </div> With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____	APPROVED: <div style="text-align: center;"> ATTY. RODOLFO B. DEL ROSARIO, JR. RVP, PRO1 </div>
Conforme: _____ <div style="text-align: center;"> <i>af</i> MELANIE BRATH VINCENTE Date: <u>8/15/16</u> </div> Signature over Printed Name and Position of Authorized Representative	Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- 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.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.