

REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation Regional Office - X

6thFlr. Triridad Bldg., Yacapin-Corrales Sts. Cagayan de Oro City

DATAWORLD COMPUTER CENTER Supplier

Address Tel/Fax

#49 Don Tirso Neri St., Cag de oro city

P.R. .#

088-857-5484

Date:

264-03R March 16, 2016

1606P-216

DATE:

P.O.No.

June 7, 2016

Terms of Payment

20-30 days

Mode of Procurement Negotiated Procurement

Small Value Procurement

Supplier Registered with:

Please deliver to this office within 15-30 working days from receipt hereof the following:

					,		nowing.	
NO.	QTY.	Unit	ITE	M DESCRIP	TION	UNIT PRICE	TO	TAL AMT.
	2	units	Comp	uter , Smal	l, laptop	44,500.00		,000.00
				illion 14-A			-	xxxxxx
Details		M	inimum Requ					~~~~
Product Maturity			st be in the LEADERS Quad		or 2015 Must be	in the LEADERS Quadrant on t		15
Ed	ition of Magic	Quadrant for G	ilobal Enterprise desktops	and notebooks		nt for Global Enterprise deskto		
Processor			el Core i5(4th Gen) , 2.4 GH			GHz 3MB Cache	ops and noted	ooks
Memory			4GB DDR3			4GB DDR3		
Graphics		D	edicated 2GB DDR3		Dedicated 2GB DDR3			
Operating System		At least \	Windows 8 Professional U	pgradeable to lat	est O.S	W8.1	MPro 64Bit	
			without cost to PHILHEA	LTH 64bit				
Display Screen		at least 1:	3" but not bigger than 15"	viewable		13"	14"	
Vebcam			Built in High definition					
HDD Storage			Internal 500GB	SATA5400pm		Built in High defini 5GB	5400rpm	
Connectivity							-	
JSB			2ports(w/at	esat 1 USB 3.0)	2	X3.0	
Card reader			Yes				Yes	
IDMI		-	YES				YES	
/GA			VGA port	or HDMI/USB to	o VGA adaptor	VGA port or HDI	MI/USB to V	GA adaptor
			Con	t to next pag	e please		MINOCO (O V	auaptoi
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Terms & Condi	tions:							
D								78

- 1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and or services. A. TAMANO
- 2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of P.O.L ANNING B
- 3. Non availability of stock shall be made known to PhilHealth before the acceptance of P.O.
- 4. PhilHealth shall have the right to reject and return the items and cancel the corresponding P.O 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.
- 6. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages.

Very truly yours,

MARIA RHODELLA S. MONSANTO Chief, Management Services Division

Funds available in the amount of

Comptrollership Unit Head -Designate

Approved:

DATU MASIDING M. ALONTO, JR. RVP PRO X concurrent OIC, AVP for Mindanao

FUND MANAGEMENT SECTION

RECEIVED

DATE 6/8.16

Received copy of P.O.

4/14/16



Philippine Health Insurance Corpora Regional Office - X

6thFlr. Trinidad Bldg., Yacapin-Corrales Sts. Cagayan de Oro City

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Please deliver to this office within 15-30 working days from receipt hereof the following:

NO.	QTY. Unit ITE			DESCRIPTION		UNIT PRI	CE TO	AL AMT.
Details		N	linimum Requi	ements		Compliance Y/N		
Ethernet			10/100/1000 Mbp	5			10/100/1	000 Mbps
Wi-Fi		802.11 a/b/g/n					802.	11 a/b/g/n
Bluetooth			4.0					4.0
Speakers & Microphone Built in								Built in
Battery Life		at	least 3 hours				at leas	st 3 hours
Others	Recover	y, Driver Disk	s, carrying case, Power ada	ter, manuals	Recovery, Driver Dis	ks, carrying case, Powe	er adapter, manuals	
Warranty	3 years for	r bulk purchas	e(1 year for Single Purchase		3 yea	rs for bulk purchase(1 y	rear for Single Purch	ase)
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Very truly yours

MARIA RHODELLA S. MONSANTO Chief, Management Services Division

Funds available in the amount of

FRANCIS A. DACUT Comptrollership Unit Head -Designate

Approved:

DATU MASIDING M. ALONTO, JR. RVP PRO X concurrent OIC, AVP for Mipdanao

Name and Signature of Supplier/Representative

FUND MANAGEMENT SECTION

RECEIVED ___DATE 6/8.10