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Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IVA

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City Call Center (02) 441-7442 Contact Number (042) 373-7554 www.philhealth.gov.ph region4a@philhealth.gov.ph



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin PHILCOPY CORPORATION PO No. Supplier: 16-003 Abadilla Building, Hermana Fausta St Cor Enriquez St. Address: Date: 4-Feb-16 Lucena City 373 7839 Tel.Fax No.: Terms of Payment: on account Department of Trade and Industry Mode of Procurement: Direct Contracting Supplier Registered with:

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	61 \	ctdg	TONER CARTRIDGE, for Kyocera Mita Network Printer FS-4100 DN	8,064.00	491,904.00
2	8	ctdg	TONER CARTRIDGE, For Kyocera printer, TK 3509 for TASKALFA 3500i	14,336.00	86,016.00
					577,920.00
			Less Taxes: 5% VAT	25,800.00	
			1% EWT	5,160.00	30,960.00
				TOTAL AMOUNT	546,960.00

Terms & Conditions:

- The agency shall impose equivalent to 1/10 of 1 percent of the local value of the undelivered order for each day of delay as liquidated damages.
- 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 Philihealth 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. MIGUEL MACALINAO

Certified Budget Available:	Funds Available in the	amount of: <u>573</u> 9	APPROVED:	The state of
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Signatu	e over Printed Name and	Position of Authorized R	epresentative / Date of R	eceived