



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **MEDIA LABS COMPUTER CENTER**
 Address: Unit 32 Profugo St.,
Lucena City
 Tel.Fax No.: 795 3825
 Supplier Registered with: Department of Trade and Industry

PO No. 16-019
 Date: 22-Feb-16
 Terms of Payment: COD
 Mode of Procurement: on account

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	ctdg	DRUM KIT, For Brother 3215	7,490.00	7,490.00
2	3	ctdg	DRUM KIT, For BROTHER Fax Machine Model: MFC-7360/MFC-7290/2840	2,850.00	8,550.00
3	5	ctdg	DRUM KIT, For BROTHER Fax Machine, 2820 Part No. DR2025	4,990.00	24,950.00
4	1	ctdg	DRUM KIT, For Brother MFC 7470D, DR 2255	2,990.00	2,990.00
5	1	pc	HEADPHONE, Professional-type, HPM1000	2,000.00	2,000.00
6	1	pc	MEMORY CARD, For digital camera, 4GB	350.00	350.00
7	13	ctdg	TONER CARTRIDGE, For Brother 5350dn printer, TN3250	3,790.00	49,270.00
8	2	ctdg	TONER CARTRIDGE, For BROTHER Fax Machine Model: MFC-7360/MFC-7290/2840	2,690.00	5,380.00
					100,980.00
			Less Taxes: 5% VAT	4,508.04	
			1% EWT	901.61	5,409.65
			TOTAL AMOUNT		95,570.35

Terms & Conditions:

- The agency shall impose equivalent to 1/10 of 1 percent of the total 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 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,

MIGUEL T. MACALINAO
 Division Chief, MSD

Certified Budget Available:

Funds Available in the amount of: 100,980

ERLYN Y. ROJAS
 Fiscal Controller II

FELICIANA G. PASTORPIDE
 Fiscal Controller IV

With in the COB: 2016 COB
 Expense Code: 774-10
 Budget: 100,980.00
 Remarks: _____

APPROVED:

EDWIN M. ORIÑA, M.D.
 OIC, PRO IVA

Conforme:

[Signature]
 2/27/2016

Signature over Printed Name and Position of Authorized Representative / Date of Received