



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

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

PO No. **16-022**
 Date: **23-Feb-16**

Terms of Payment: on account
 Mode of Procurement: NPSV

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	pcs	FLASH/THUMB DRIVE, 64 Gig Thumb Drives	1,050.00	4,200.00
2	2	ctdg	TONER CARTRIDGE, For BROTHER TN-2280, Black, original, 7470D	2,990.00	5,980.00
					10,180.00
			Less Taxes: 5% VAT	454.46	
			1% EWT	90.89	545.35
			TOTAL AMOUNT		9,634.65

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
 Chief, MSD

Certified Budget Available: <u>ERLYN V. ROJAS</u> Fiscal Controller II		Funds Available in the amount of: <u>10,180</u> <u>FELICIANA O. PASTORPIDE</u> Fiscal Controller IV		APPROVED: <u>EDWIN M. ORIÑA, M.D.</u> OIC, PRO IVA	
With in the COB: <u>2016 COB</u> Expense Code: <u>774-50</u> Budget: <u>10,180.00</u> Remarks: _____					
Conforme: <u>Randy Tan</u> 3/7/2016					
Signature over Printed Name and Position of Authorized Representative / Date of Received					