



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier:

PHILIPPINE DUPLICATORS, INC.

PO No. **16-024**

Address:

CCC Bldg., KM. 14, West Service Road, Edison Ave., Brgy.
Merville, Parañaque City

Date: **25-Feb-16**

Tel/Fax No.:

(02) 822-2601 to 08/ Fax (02) 822-0549

Terms of Payment: **On account**

Supplier Registered with:

SEC

Mode of Procurement: **Direct contracting**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc.	Drum 1312/ MP1500/ MP2001, part no. B0399510	7,253.12	7,253.12
	1	pc.	Cleaning blade assembly, part no. AD042059	932.00	932.00
	1	pc.	Developer type 28 black, part no. B1219640	4,155.20	4,155.20
	1	pc.	Transfer roller, part no. B0393820	4,010.00	4,010.00
	1	pc.	Paper feed roller, part no. B0392740	482.00	964.00
	2	pcs.	Friction pad, part no. B0392711	138.00	276.00
	2	pcs.	Friction pad, part no. B0392711	138.00	276.00
	1	pc.	Magnetic clutch 46-Z, part no. AX200296	1,448.16	1,448.16
	1	pc.	Magnetic clutch: paper feed drive, part no. B2761150	784.00	784.00
					19,822.48
			Less Taxes: 5% VAT	884.93	
			1% EWT	176.99	1,061.92
					18,760.56
			TOTAL AMOUNT		18,760.56
			Purpose: Parts for the repair & maintenance of Gestetner Copier L7186451493 located at LHIO- Calamba.		

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: 19,822.48

APPROVED:

ERLYN V. ROJAS
Fiscal Controller II

FELICIANA O. PASTORPIDE
Fiscal Controller IV

With in the COB: 2016 COB
Expense Code: 842-10
Budget: 19,822.48
Remarks:

EDWIN M. ORIÑA, M.D.
OIC, PRO IVA

Conforme:

LUISITO N. GONZAGA, AREA SALES SUPERVISOR
Signature over Printed Name and Position of Authorized Representative

Date