



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **PHILIPPINE DUPLICATORS, INC.**
CCC Bldg., KM. 14, West Service Road, Edison Ave., Brgy.
Merville, Parañaque City
Tel.Fax No.: (02) 822-2601 to 08/ Fax (02) 822-0549
Supplier Registered with: SEC

PO No. 16-025

Date: 25-Feb-16

Terms of Payment: On account
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.	Lower development unit, part no. B0393170	3,270.00	3,270.00
	1	pc.	Case development roller assembly, part no. B0393159	3,048.08	3,048.08
	1	pc.	Frame: PCU assembly, part no. D1582252	2,055.20	2,055.20
	1	pc.	Gear 13Z, part no. AB011403	209.00	209.00
	1	pc.	Idle gear, part no. B0393062	434.00	434.00
	1	pc.	Transport screw gear, part no. B0393245	434.00	434.00
					21,790.60
			Less Taxes: 5% VAT	972.79	
			1% EWT	194.56	1,167.35
					20,623.25
			TOTAL AMOUNT		20,623.25
			Purpose: Parts for the repair & maintenance of Gestener Copier L7186451461 located at LHIO-Gumaca.		

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: <u>21,790.60</u>	APPROVED:
ERLYN V. ROJAS Fiscal Controller II	FELICIANA O. PASTORPIDE Fiscal Controller IV	EDWIN M. ORIÑA, M.D. OIC, PRO IVA
With in the COB: <u>2016 COB</u>		
Expense Code: <u>842-10</u>		
Budget: <u>21,790.60</u>		
Remarks:		
Conforme:		
Signature over Printed Name and Position of Authorized Representative		Date