Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Call Center (02) 441-7442 Contact Number (042) 373-7554
www.philhealth.gov.ph repcen@philhealth.gov.ph

PURCHASE ORDER

OFFICE/DEPARTMENT MSD-Admin

Supplier: LINK NETWORK SOLUTIONS INC.
Address: 203 Matheus Bldg, General Luna St., Poblacion Makti City
Tel.Fax No.: (02) 897 1819 / 897 2488
Supplier Registered with: Security and Exchange Commission

PO No. 16-032
Date: 28-Apr-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	12	units	HDD, 1TB, Portable External (WD My Passport Ultra 2.5")	3,485.00	41,820.00
2	1	unit	HDD, 3TB, Portable External, High Capacity (WD My Book Essential)	6,490.00	6,490.00
					48,310.00
			Less Taxes: 5% VAT	2,156.70	
			1% EWT	431.34	2,888.04
				TOTAL AMOUNT	45,721.96

Terms & Conditions:

1. 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.
2. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
3. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
4. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
5. 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.
6. 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: Funds available in the amount of: 45,721.96

ERLYN V. ROJAS
Fiscal Controller II

FELICIANA O. PASTORFIDE
Fiscal Controller IV

APPROVED:

EDWIN M. ORIÑA, M.D.
OIC, PRO IVA

With in the COB: 2015 COB
Expense Code: 238-20
Budget: ~~44,820.00~~ 45,721.96
Remarks:

Conforme:

MARICEL G. PAJO

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