



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Regional Office IV-B
Caedo Commercial Center, Calicanto, Batangas City

POMM-P-006

PURCHASE ORDER

Supplier: SOUTHBOUND COMPUTER CENTER
Address: Caedo Commercial Center, Calicanto, Batangas City
Tel.Fax No.: 402-0182
Supplier Registered with: _____

PO No. 16-02-05
Date: February 5, 2016
Terms of Payment: on account
Mode of Procurement: small value procurement

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	PCS	DVD RECORDABLE 16X SPEED 4.7GB CAPACITY; INDIVIDUAL CASING	28.00	252.00
2	1	PC	PRINTER CABLE 10FT	270.00	270.00
3	100	PCS	RJ CONNECTORS RJ 45	5.00	500.00
4	3	CARTS	TONER CARTRIDGE for EPSON ACULASER PRINTER M2010D	6,195.00	18,585.00
nothing follows				TOTAL	19,607.00
Less: WVAT 5%				875.31	
EVAT 1%				175.06	1,050.37
TOTAL					18,556.63

Terms & Conditions:

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

ARACEL L. LAMINEZ
DIVISION CHIEF IV - MSD

Certified Budget Available: Funds Available in the amount of: \$19,607.00
RICHEL M. CORONEL
FC III/Budget Officer Designate
CATALINA R. AMATUS
Fiscal Controller IV

With in the COB: 2016 MODE
Expense Code: 774-50
Bdget: 19,607.00
Remarks: MDL# 2016-02-00066

Conforme: Angeline May Fronda
Signature over Printed Name and Position of Authorized Representative

APPROVED:

PAOLO JOHANN C. PEREZ
REGIONAL VICE PRESIDENT
Date Approved: 2/9/16

2/11/16
Date