

## Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IV-B

Caedo Commercial Center, Calicanto, Batangas City Healthline (043) 723-8822/722-1602/300-4342/300-3267 region4b@philhealth.gov.ph www.philhealth.gov.ph



POMM-P-006

## **PURCHASE ORDER**

Supplier: SOUTHBOUND COMPUTER CENTER PO No. 16-04-04 Address: Caedo Commercial Center, Calicanto, Batangas City Date: April 14, 2016 Tel.Fax No.: 402-0182 Terms of Payment: on account Mode of Procurement: small value procurement

Please deliver to this office within 10 days from receipt hereof the following:					
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	7 .	pcs	LAPTOP	48,800.00	341,600.00
		Product Type.	B40-80		
		MTM <	80LG000NPH		
		Processor	Intel® Core™ i5-6200u 2.3GHz (3M Cache, up to 2.8 GHz)	9	
			Win 10 DG to Win 7Pro64 (No RM)	, ,	
			4GB PC3-12800 DDR3L SDRAM 1600MHz SODIMM Memory	£	
			Up to 16GB Max DDR3 (2 SO-DIMM Slots)		
			500 GB Hard Drive, 5400 rpm	.5	
			2GB ATI EXO PRO R5 M330 DDR3L		
	1		14.0" HD Display (1366 x 768, 16:9 widescreen) Anti-Glare		
		The state of the s	Internal DVD CD Multi Burner (12.7mm)	-	
			(1) VGA, (1) HDMI, (2) USB 3.0, (1) USB 2.0 (1) RJ45, (1) 4 in 1 SD Card Reader	\	
			720p HD Camera with MIC		
			Stereo Speakrs	-	
			Gigabit LAN		
		The same of the sa	Realtek ABG Wifi up to 54 mbps		
i i		The second secon	Bluetooth 4.0		
			2.2 kg (4.85 lbs)		
			344 mm x 234.6 mm x 33.1 mm(13.38" x 1.3" x 9.24")		
		Battery			
			Up to 4 Hrs		1
			Accu Type Keyboard		
		Finger Print Reader			5
		Warranty	UPGRADE WARRANTY TO 3 YEARS		· ·
			**nothing follows**	TOTAL	341,600.00
			Less: WVAT 5%	15,250.00	
			EVAT 1%	3,050.00	18,300.00
TOTAL		1.0	Reference: RIV# 2015-11-05 dated November 3, 2015		323,300.00

Terms & Conditions:

Purchase Order (PO) shal be accepted by the supplier before the delivery of goods and/ or services. 1

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.

ARACELI J. LAINEZ DIVISION CHIEF IV - MSD Certified Budget Available: Funds Available in the amount of: APPROVED: Fiscal Controller IV FCIII/Budget Officer Designate PAOLO JOHANN C. PEREZ With in the COB: 2016 Mool REGIONAL VICE PRESIDENT Expense Code: 341,600.66 Date Approved: 6-1-16 Bdget: Remarks: 2016-09-602 -1-16 SALES OFFICER

Very truly yours,