



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 006

PURCHASE ORDER

Supplier: **3GX COMPUTER & I.T. SOLUTIONS**
Address: **Naga City**
Tel.Fax No.:
Supplier Registered with:

OFFICE/DEPARTMENT: **MSD**

PO No. **16-02-011**
Date: **02/26/16**
Terms of Payment: **Charge**
Mode of Procurement: **Public Bidding**

Please deliver to this office within **10** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	3	unit	Maintenance kit printer xerox phaser 4600	11,800.00	35,400.00
	8	cart	Toner for Printer Xerox Phaser 4600 DN	20,210.00	161,680.00
	2	cart	Toner, HP38A	6,403.00	12,806.00
	63	cart	Toner for Printer HPM601/HPM602, 90A	8,400.00	529,200.00
	2	cart	Toner, TNP40 for Develop Ineo 4020 printer	11,800.00	23,600.00
	10	cart	Ink for Epson T141/T143, Black	595.00	5,950.00
	10	cart	Ink for Epson T141/T143, Yellow	595.00	5,950.00
	10	cart	Ink for Epson T141/T143, Magenta	595.00	5,950.00
	10	cart	Ink for Epson T141/T143, Cyan	595.00	5,950.00
	24	cart	Ink Cartridge for HP 678 Black	435.00	10,440.00
	24	cart	Ink Cartridge for HP 678 Tricolor	435.00	10,440.00
	6	cart	Ink Cartridge, HP932XL, Black	1,200.00	7,200.00
	6	cart	Ink Cartridge, HP933XL, Cyan	870.00	5,220.00
	6	cart	Ink Cartridge, HP933XL, Magenta	870.00	5,220.00
	6	cart	Ink Cartridge, HP933XL, Yellow	870.00	5,220.00
	44	pc	Diskette	50.00	2,200.00
	20	pc	Flash Drive 32 GB	1,500.00	30,000.00
	12	pc	Ribbon for LX-300	145.00	1,740.00
	57	pc	Ribbon for Epson LQ2180/2190	890.00	50,730.00
					914,896.00
				PRO & LHIO use - 3rd & 4th Qtr 2015	

Terms & Conditions:

- 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.

Note This serves as a Notice to Proceed

Very truly yours,

LORENA M. RUBIS
Chief, Mgt. Services Div.

Certified Budget Available:	Funds Available in the amount of: 914,896.00	APPROVED:
LERI L. ILAGAN Budget Officer Designate	SHIRLEY S. VICTORIA Fiscal Controller IV	ORLANDO D. INIGO, JR. Regional Vice-President
With in the COB: 2016		
Expense Code: 785-01		
Bdget:		
Remarks:		
Conforme:		
FRANCIS BRONQUEZA Signature over Printed Name and Position of Authorized Representative		3-1-16 Date