

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office V

LORENA M. RUBIS

Division Chief, MSD

PHILHEALTH REGIONAL OFFICE V

ANST BLDG III ALTERNATE RD LEGAZPI CITY, 4815597

PURCHASE ORDER

Supplier: Address: Tel.Fax No.: Supplier Regis		3GX COMPUTER & I.T. SOLUTIONS Legazpi City tered with:		PO No.	16-03-014 03 11 16 CHARGE PUBLIC BIDDING
				Date:	
				Terms of Payment:	
				Mode of Procurement:	
	Please de	eliver to this off	ice within 30 DAYS from receipt hereof the fo	-	
NO.	QTY	UNIT	PARTICULAR	UNIT PRICE	TOTAL AMOUNT
	6	units	Computer Laptop (High end)	58,950.00	353,700.00
		u.iics	Brand : Dell Inspiron 5558 - Core i7	30,330.00	333,700.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
			CAPEX 2015 - Con App.		11
			PAIMS use		
			PAINS USE		
	90				
_					
_		+			
			- 3-3		353,700.00
Terms	& Condit	ions:		L	555,7 55.55
			I 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.				
4. 9	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 ARTHEARTH e "in cash" or "in check" three (3) calendar days. Deliveries should be made				
,	within off	ice hours on w	orkin g5%)0000 r before the date stipulated in the P	20.	
		K	2016-03-00092	Very truly yours,	
	NOTE:	This serve	s as a Notice to proceed		Lan

Funds Available in the amount of: APPROVED: Certified Budget Available: LERI L. LAGAN **Budget officer Designate** Fiscal Controller IV ORLANDO D. IÑIGO, JR. With in the COB: Expense Code: Regional Vice President - PRO V Bdget: Remarks: Conforme: 3+7-14 FRANCIA Bosevers Signature over Printed Name and Position of Authorized Representative