

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd, Brgy. Oranbo, Pasig City
 Telefax No. 637-3158 637-4735

PURCHASE ORDER

Supplier: GROUP 5 AUDIO VISUAL SYSTEMS CORPORATION Purchase Order No.: 05-075-17
 Address: U/G U-35 Cityland 9 Dela Rosa Condo, Dela Rosa St. Makati City Date: May 22, 2017
 Tel./Fax No.: 812-9157 Term of Payment: On Account
 Supplier Registered with: PHILHEALTH Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	11	CA	Ink Cartridge for HP CZ107AA Black, HP Ink Cartridge 1015/1515/2515/2545/2645/3515E/3545E/4515E/4645E	358.80	3,946.80
1	4	CA	Ink Cartridge for HP CZ108AA cOLOR, HP Ink Cartridge 1015/1515/2515/2545/2645/3515E/3545E/4515E/4645E	360.88	1,443.52
1	34	CA	Ink Cartridge for HP Officejet PRO 8100, Black	1,500.00	51,000.00
1	29	CA	Ink Cartridge for HP Officejet PRO 8100, Cyan	1,120.00	32,480.00
1	29	CA	Ink Cartridge for HP Officejet PRO 8100, Magenta	1,120.00	32,480.00
2	29	CA	Ink Cartridge for HP Officejet PRO 8100, Yellow	1,120.00	32,480.00
					153,830.32
LESS: EWT 1% 1,373.49					
GMP 5% 6,867.43					8,240.92
					145,589.40
PR # 17-0205 dtd. 03-10-17 PRID 1st Quarter Stock					

Terms & Conditions:

- The Agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail.
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least 2 days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Cir. Bldg., Pasig City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office order No. 0018-2016 entitled (Reiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- Warranty Security of 1% of gross amount (Section 62. Warranty of 2016 Revised IRR of RA 9184).

Very truly yours,

[Signature]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php153,830.32	APPROVED: <i>[Signature]</i> GASTON MA. JUNE P. DE VA SEMA
<i>[Signature]</i> THERESE M. TINDOY Fiscal Controller III	<i>[Signature]</i> LYNE S. ARCENAS Fiscal Controller III	<i>[Signature]</i> P 153,830.32	
Within the POB	Expense Code:	774-50 (Reg. Off. Supplies)	HEAD OF THE AGENCY or Authorized Representative <i>[Signature]</i>
Budget:	Remarks:	Changed to contract order # 5/22	
CONFORME	Received copy of P.O.:		
<i>[Signature]</i> MS. EDNA D. LUMBA Signature over Printed Name and Position of authorized representative		<i>[Signature]</i> 06-14-17 Date	

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ELY E. ROXAS

Administrative Officer III

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<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> <u>TERESE M. TINDOY</u> Fiscal Controller III </td> <td style="width: 50%; text-align: center;"> <u>LYNIE S. ARCENAS</u> Fiscal Controller III </td> </tr> </table>			<u>TERESE M. TINDOY</u> Fiscal Controller III	<u>LYNIE S. ARCENAS</u> Fiscal Controller III	DR. CELESTINA MA. JUDE P. DELA CERNA Interim/OIC President & CEO HEAD OF THE AGENCY or Authorized Representative
<u>TERESE M. TINDOY</u> Fiscal Controller III	<u>LYNIE S. ARCENAS</u> Fiscal Controller III				
Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____					

CONFORME: _____ Signature over Printed Name and Position of authorized representative	Received copy of P.O.: _____ Date
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