709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
Telefax No. 637-3158 637-4735

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Supplier:		RSQUARE BUSINESS SÓLUTIONS, INC. Purchase Order No.: Purchase Order No.:								07-094-17	
Address:	No.: 834-	LG35 Star Centrum Condo. 317 Gil Puyat Ave. Cor. Malugay St						Makati City Date: Term of Payment:		July 10, 2017 On Account	
	Registere			PHILHEALTH			Mode of Procurement:			Shopping	
ооррс.	, inchication	.0 111.0.11									
Plea	se delive	to this o	ffice within	•	30 worki	ng days		from receipt here	of the following		
NO.	QTY	UNIT	ITEM DESCRIPTION						UNIT PRICE	TOTAL AMOUNT	
1	4	UNITS	HDD EXTER	RNAL, PORTA	BLE HIGH C	APACITY			5,358.00	21,432.00	
			Brand/Mod	del: SEAGATE	2TB, Porta	ble HDD					
			Note: War	ranty (3) year	'S						
	\$1.										
		}		*							
										21,432.00	
					LESS:	EWT	1%	. 191.36			
			-			GMP	5%	956.79 ,	1.	1,148.15	
			PR#							20,283.85	
			17-0373 di	td. 05-24-17	ITMD						
of the c 2. If the d have b 3. Deliver least tw (MWF) 4. Deliver 5. Defecti With p 6. The co which is from an where s office of	delay as licate of receiver receiver y of the about the	quidated di pipt of the red by a re pove item(before the s) shall be and Sales patible or a re a back-u parties und incorporate group or a s given in t the action	amages. Purchase Orcepresentative s) shall be made delivery. Use delivered and Invoice shall mon-compliant punit in case derived into this Consecution, or the course of directors	der (P.O.) by the either through a de within the period of the either through through the either through through the either through the either through through the either through through through the either through	e dealer is n fax or e-mail orescribed so nall only be f he PSMD at r one-time co o specificatio order No. 0 ilhealth pers , whether fro r which in co or create th	ot indicate chedule da rom 09:00 15th Floo complete de on when qu 018-2015 onnel shal m the pub connection e appeara	d, it shall tes. Supp to 11:30 r, Room elivery of toted shall entitled (I I solicit, colic or priv with any nce of a	Reiteration of Philhealth I demand, or accept, direct rate sector, at anytime, or transaction which may af conflict of interest.	the day it was ack in Procurement Se in. during Mon/We in Pasig City. and at the time of de in O Gift Policy (Rev. ity or indirectly, any in or off the work pi	nowledge to ction at d/Fri elivery. vision 1) v gift emises	
Very truly yours,									ROXAS		
ELY E. F Administrativ											
Certified Bu	dget Availabl	z : [00	Funds Available	In the amount of:	Php2	1,432.00	A	PPROVED:	tive Officer in		
<u> </u>	ORAZO!	V M. TAB	1	LYNIE	hell 111	12 13	C	closed de	2 Cun		
Within the C	OB: AO	17		ABC - 201	300-150			-	A.		

Budget: Remarks:

CONFORME:

Signature over Printed Name and Position of authorized representative

representative

or Authorized Representative

7-24-17

Date

Received copy of P.O.: