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

| Adaress: | GROUP 5 AUDIO VISUAL SYSTEMS CORPORATION U/G U-35 Cityland 9 Dela Rosa St., Makati City | | 11-162-17 |
|----------------|---|-----------------------|-------------------|
| Tel.Fax No.: | 817-9157 | Date: | November 29, 2017 |
| Supplier Regis | tered with PHILHEALTH | Term of Payment: | |
| Please de | liver to this office within 15 working | Mode of Procurement: | Shopping |
| | 15 working | days from receipt how | |

| QTY 26 | UNIT | | ITEM D | ECCRY | | | | | |
|---------------|------|---|---|-------|-----|---------------|-----------------|-----------------------------------|-----------------------|
| 20 | | ITEM DESCRIPTION | | | | UNIT PRICE | TOTAL | | |
| ~ 1 | ca | ioner Cartridge for HP Laserje | oner Cartridge for HP Laserjet Pro M02a 17A CF217A, Black | | | | | 2,820.00 | AMOUNT |
| 2 7 7 | | Toner Cartridge for HP Laserjet Pro P1102 85A CE285A, Black | | | | | | | 73,320.0 |
| | | | | | , | | • | 2,700.00 | 18,900.0 |
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| İ | | | | | | | | - | |
| | 1 | | LESS: | EWT | 1% | 823.39 | , . | 1 | 92,220.00 |
| | | | | GMP | 5% | | | · . | 40400 |
| | į | | | | | | ł | <u> -</u> | 4,940.35 |
| - 1 | P | R#. | | | | | | | 87,279.65 |
| - 1 | | 17-0721 dtd. 11-03-17 | - CorCo | m | | | | | |
| | | P | PR# 17-0721 dtd. 11-03-17 | PR#. | GMP | GMP 5% | GMP 5% 4,116.96 | GMP 5% 4,116.96 \(\text{PR #} \) | GMP 5% 4,116.96 \ PR# |

Terms & Conditions:

- 1. 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
- 2. 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 acknowledged. have been received by a representative either through fax or e-mail
- 3. Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (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 Ctr. Bldg., Pasig City. 4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- 6. The contracting parties undertake to comply with Office order No. 0018-2015 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. 7. Warranty Security of 1% of gross amount (Section 62. Warranty of 2016 Revised IRR of RA 9184).

| Ven | y truly yours, |
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| | ELY E. ROXAS |
| Certified Budget Available: Funds Available in the amount of: Php92,220.00 | Administrative Officer III APPROVED: |
| THERESE M. TINDOY Fiscal Controller III Fiscal Controller III | 1 |
| Within the COB: 2017 Expense Code: 774-50 (502030 1003) | DR. ISRAPIL FRANCIS A. PARGAS |
| Budget: \$92,220 / STOP \$10 Remarks: Charge & Concerned (Concerned) | HEAD OF THE AGENCY or Authorized Representative |
| CONFORME: | Parallel |
| Signature over Printed Name and Position of authorized | Received copy of P.O.: |
| representative | Date |