



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **OCTAGON COMPUTER SUPERSTORE**

PO No. **17-128**

Address: **2nd LV Robinson's Place Pang. Brgy. San Miguel Calasiao, Pang.**

Date: **9/7/2017**

Tel.Fax No.: **632-0141**

Terms of Payment: **C.O.D - 3 days clearing of check**

Supplier Registered with: **004-780-008-136 V**

Mode of Procurement: **Shopping**

Please deliver to this office within **1 week** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
13	cart		Ink for Epson L365 Inkjet printer (black)	245.00	3,185.00
7	cart		Ink for Epson L365 Inkjet printer (color-blue)	245.00	1,715.00
7	cart		Ink for Epson L365 Inkjet printer (colored-yellow)	245.00	1,715.00
7	cart		Ink for Epson L365 Inkjet printer (colored-red)	245.00	1,715.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX				TOTAL	8,330.00
Less: VAT (5%/1.12)					371.88
PR No. 17-0823-0408					
PURPOSE: CY 2017 Annual Procurement Plan Amendment (Batch 4) - CM No. PRO1-2017-0041				TOTAL	7,958.12

Terms & Conditions:

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial 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 in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- 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 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

By the authority of the MSD Chief

Very truly yours,

JANE C. RAGOS

FC IV / ASS CHIEF

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available:

Funds Available in the amount of: 8,330.00

JOSE A. MONES

Fiscal Controller III

EDWARD Q. ESPIRITU

FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

ALVIN NINLOAN

Date: 9-12-17

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE

OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

Date