

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	BITS OF TECHNOLOGY	PO No.	17-196
	61 Xavierville Royale Condominium Loyola Heights, Quezon City	Date:	11/23/2017
Tel.Fax No.:	02-3611137 / 0917-6257522	Terms of Payment:	COD
	istered with: 007-251-860-000 V	Mode of Procurement:	Negotiated Procurement-
			Small Value Procurement

Please deliver to this office within <u>7-15 days</u> from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	IT Tool, Crimping Tool Heavy Duty	6,000.00	6,000.00
2	1	unit	Scanner, Fingerprint Scanner	15,000.00	15,000.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	21,000.00
			Less: VAT (5%/1.12)	937.50	
			EWT (1%/1.12)	187.50	1,125.00
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1			PURPOSE: Procurement of IT Equipment	TOTAL	19,875.00

Terms & Conditions:

- 1. 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.
- 2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 3. 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.
- 4 Phillhealth 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.
- 6 Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

		MARICAR M ARZADON, M.D. MO VII // MSD CHIEF
Certified Budget Available: Funds Available in the amount of: 21. () JOSE A. MONES EDWARD Q. ESPIRITU MQCIL Fiscal Controlle (I) OIC-FMS Head With in the COB: Expense Code:	PHILHEALTH REGIONAL OFFICE I	APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT THE AUTHORITY OF
Bdget: Remarks: Conforme:	Received By:	Josephi Q. Quiton