Mao
12/14/17

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
J.N.U. Commercial Bldg., Francisco Duque St., Tagaytay District Dagupan City

POMMP-005

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

PO No. 17-217
Date: 12/06/2017
Terms of Payment: Charge
Mode of Procurement: Shopping

Supplier: MJR COMPUTER & LAPTOP SPECIALIST
Address: Perez Blvd., Dagupan City, Pangasinan
Tel.Fax No.: 529-0821
Supplier Registered with: 431-460-961-000 V

Please deliver to this office within thirty (30) days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	300	PC	CD Rewritable High speed, 700 mb/80 minutes, capacity, compatible with 4x-12x CD drivers, slim case	40.00	12,000.00
2	500	PC	RJ Connector RJ 45	4.00	2,000.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	14,000.00
			Less: VAT (5%/1.12)		625.00
			PR No. 17-1110-0534		
			PURPOSE: Procurement IT Supplies for CY 2017(with APP Amendment Batch 3)	TOTAL	13,375.00

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 transact on 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. 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.
5. 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

BY THE AUTHORITY OF THE
LAURA F. BASA

By the authority of the MSD Chief
JANE C. RAGOS
FC IV/ASS Chief

Very truly yours,
MARICAR M. ARZADON, M.D.
VO VII / MSD CHIEF

Cert Fed Budget Available: Funds Available in the amount of: 14,000.00

JOSE A. MONES
Fiscal Controller II

EDWARD O. ESPIRITU
OIC-FMS Head

PHILHEALTH REGIONAL OFFICE I
COA
DEC 15 2017
Received By:
Time:

With in the COB:
Expense Code:
Budget:
Remarks:

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, (R.L.) M.B.A. CEP
OIC OFFICE OF THE REGIONAL VICE PRESIDENT

BY THE AUTHORITY OF

Maricar M. Arzadon, M.D.
Medical Officer VII

Date

Conforme:
JBELLE S. FLORES Date: 12/13/17
Signature over Printed Name and Position of Authorized Representative