

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: <u>ELJEN B TRADING</u>	PO No. <u>17-76</u>
Address: <u>Unit 405 MC9, Diego Silang Village, Ususan, Taguig City</u>	Date: <u>6/8/2017</u>
Tel.Fax No.: <u>(02) 949-7956</u>	Terms of Payment: <u>COD</u>
Supplier Registered with: <u>425-852-149-000 V</u>	Mode of Procurement: <u>Shopping</u>

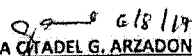
Please deliver to this office within 3-5 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	23	cart	Toner Cartridge HP CF281A (HP 81A) black	7,975.00	183,425.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	8,188.62	
			EWI (1%/1.12)	1,637.72	9,826.34
			PR No. 17-0517-0285		
			PURPOSE: Supplies for PRO 1 from the CY 2017 APP Amendment (Batch 2)		
			TOTAL		173,598.66

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 "Reliteration 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.

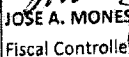
By the authority of the MSD Chief By the authority of the Very truly yours,

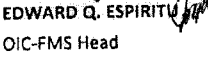

MARIA CITADEL G. ARZADON
 SSIO / OIC-HRU


MARIE DONNA O. ANTONA
 AO IV


MARICAR M. ARZADON, M.D.
 MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 183,425.00


JOSE A. MONES
 Fiscal Controller


EDWARD Q. ESPIRITU
 OIC-FMS Head

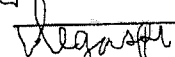
With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:


MS. JOY LEGASPI / Product Specialist Date: June 13, 2017
 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

BY THE AUTHORITY OF MIC. RVP

ATTY. MIC. DONALD B. MALICDEM
 LSD Head

Date
6/9/17

PHILHEALTH REGIONAL OFFICE I
COA
JUN 13 2017
 Received By: 
 Time: 2:27pm