Standard Form NUMBER: sf-good-58 Revised on May 24, 2004 Standard for Title *Purchase Order*

PURCHASE ORDER PHILHEALTH REGIONAL OFFICE-ARMM

Agency/Procuring Entity

Supplier		DIGITAL IN	TERFACE, INC.	,	P.O. No.	17-17-1
Address E-mail Address Telephone No. TIN #		4			Date Dec	Small Value Procurement
					Mode of Procurement	
		Please furnish	this office with the following	articles subject	to the terms and Conditions	
	contain herei		and office with the following	, articles subject	to the terms and conditions	
lace of Delivery			REGIONAL OFFICE ARMM	Delivery Term	Within 30 c	alendar days from
		THICHEACH	/	_	receipt of P	.O/ Notice to Proceed
Date of Delivery		Payment Tern				
STOCK NO	UNIT	Print	er,Laser, Colored	QTY	UNIT COST	AMOUNT
	Lot		Single Lot	13	31,990.00	95,970.00
Details:			Standard Specs:		Offered By DATA	WORLD COMPUTER CENTER
System						
Print Technology			Laser		Yes	
Processor Speed			500 MHz		Yes	
Operating System Supported			Windows 7/8/10/XP		Yes	
Paper Hand	ling					
Paper Input Capacity			150 sheets		Yes	
Paper Output Capacity			50 sheets			
Paper Size			A4, B5, A5, Legal, Letter		Yes	
Paper Type			Plain, card, envelope, labels		Yes	
Interfaces			USB 2.0, Ethernet		Yes	
Print						
Resolution			2400 x 600 dpi		Yes	
Speed			18 ppm Mono / 4 ppm Colored			
First Print Out Time			14 seconds Mono / 26 seconds		Yes	
Consumable						
Toner Cartridge Life			1,500 Pages		Yes	
Package	i ti luge Lii	<u> </u>	1,500 T age	C3		163
Manuals			Yes		Yes	
Driver			Yes		Yes	
Power Cable			Yes		Yes	
USB Cable			Yes		Yes	
Others					Yes	
Extra Unit			Toner Cartridge (Spare)		Yes	
Warranty			3 years for bulk purchase, 1 year		Yes	
BRAND			Any		HP M252N Laserjet Color Pro	
(Total Amount i	n Words)		Nine	ty Five Thous	and Nine Hundred Sev	venty Pesos
	In case of fail	ure to make the	full delivery within the time :	The state of the s		
		of delay shall be				
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Concifications	loared b			Very Truly yo	urs,	
Specifications c	leared by:	.1			0)
		MINULA	unling		Lows	0
		RAYMAH B. N	MACARONSING			M. MACARIMBANG
	1	Head, Genera	l Services Unit	,	Chief, Manage	ment Services Division
CONFORME:		/		APPROVED:	16/11/18	
	2	1		1	tel hand	Gran A
Signatu	re over Printe	ed Name		ATT	Y. KHALIQUZZAMAN M	MACABATO, CPA, CSEE
Date					Regional Vice Preside	
Funds Available	:	h/				
					ALOBS No.:	
	ATTY. SOI	RAYA M. SHAF	RIEF-TABAO			
		und Managemer			Amount:	