REPUBLIC OF THE PHILIPPINES
**Philippine Health Insurance Corporation**
709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
Telefax No. 637-3158 637-4735

# PURCHASE ORDER

Supplier: 16/35MM PRODUCTION SUPPLY
Address: UG-22 & 23 Star Centrum Bldg. #317 Sen. Gil Puyat Ave. Makati City
Tel.Fax No.: 893-3849
Supplier Registered with PHILHEALTH

Purchase Order No.: 05-021-18
Date: May 3, 2018
Term of Payment: On Account
Mode of Procurement: Shopping

Please deliver to this office within **30 working days** from receipt hereof the following

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|---|---|---|---|---|
| 1 | 3 | unit | Brother Fax Machine, Drum Kit for MFC 7470D, DR2255 | 2,828.00 | 8,484.00 |
| 2 | 20 | unit | Brother Fax Machine, Drum Kit for MFC 7360/MFC7290/2840/MFC7470D | 2,828.00 | 56,560.00 |
| 3 | 8 | unit | Brother Fax Machine, Drum Kit, Model: MFC-L2700D, DR2355 | 2,828.00 | 22,624.00 |
| 4 | 17 | ea | Brother Fax Machine, Ink Cartridge MFC-685/3360, CW LS7, Black | 968.00 | 16,456.00 |
| 5 | 9 | ea | Brother Fax Machine, Ink Cartridge MFC-685/3360, CW LS7, Cyan | 578.00 | 5,202.00 |
| 6 | 10 | ea | Brother Fax Machine, Ink Cartridge MFC-685/3360, CW LS7, Magenta | 578.00 | 5,780.00 |
| 7 | 5 | ea | Brother Fax Machine, Ink Cartridge MFC-685/3360, CW LS7, Yellow | 578.00 | 2,890.00 |
| 8 | 15 | ea | Brother Toner Cartridge MFC7360/MFC7290/2840/MFC7470D | 1,880.00 | 28,200.00 |
| 9 | 4 | ea | Brother Fax Machine, Toner Cartridge, Model 2820, HL-2040/2070N/DCP-7010/MFC-7220/7225N/7420, TN 2025 | 2,818.00 | 11,272.00 |
| 10 | 8 | ea | Brother Fax Machine, Toner Cartridge, Model MFC-L2700D, TN2380, high capacity | 2,818.00 | 22,544.00 |
| 11 | 4 | ea | HP Fax Machine, J4660, No. 901, colored | 1,258.00 | 5,032.00 |
| | | | Note: One (1) year warranty from the date of delivery<br>Items must be New and Original | | 185,044.00 |
| | | | LESS: EWT 1% 1,652.18<br>GMP 5% 8,260.89 | | 9,913.07 |
| | | | | | 175,130.93 |
| | | | PR #<br>18-0040 dtd. 03-02-18 - PRID 1st Quarter Stock | | |

**Terms & Conditions:**

1. The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge have been received by a representative either through fax or e-mail
3. Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
6. The contracting parties undertake to comply with Office order No. 0018-2015 entitled (Reiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical 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 which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
7. Retention Fee of 1% of gross amount (GPPB Resoution No. 30-2017 of 2016 Revised IRR of RA 9184).

Very truly yours,

ELY E. ROXAS
Administrative Officer III

| Certified Budget Available: | Funds Available in the amount of: Php185,044.00 | APPROVED: |
|---|---|---|
| THERESE M. TINDOY<br>Fiscal Controller III | LYNIE S. ARCENAS<br>Fiscal Controller III | DR. ISRAEL FRANCIS A. PARGAS<br>HEA/OIC-VP<br>HEAD OF THE AGENCY<br>or Authorized Representative |
| Within the COB:<br>Expense Code:<br>Budget:<br>Remarks: | | |

CONFORME:

Abigail Pomek
Signature over Printed Name and Position of authorized representative

Received copy of P.O.:
5-8-2018
Date