## Sbille Health Tuantance Corboration

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

			(eletax two. obv. than			
	PURCHASE ORDER  Purchase Order No.:  ANDI BRIGHT PRINTING SERVICES  Date:			08-083-18		
				Date:	August 24, 2018 On Account Local Shopping	
ipplie :	141 d. Tuazon St., Quezon City			Term of Payment:		
ldress:	740-1889, 740-1890, 740-0130		Mode of Procurement:			
in Fax inc applier R	holstore	d with:	PHILHEALTH			
1	1		fice within 10 working day	from receipt hereo	f the following	
Pleas	deliver	to this o	fice within 10 Working day			TOTAL
NO.	QTY	UNIT	ITEM DESCRIPT		UNIT PRICE	AMOUNT
	ļ	<b></b>	TONER CARTRIDGE, for Brother Fax Machine M	lodel # 2820, HL2040/2070N/DCP-	2,100.00	12,600.00
1	6	е са	7010/MFC-7220/7225N/7420, TN-2025			
_				r		
			Note:  At least (1) year expiration from the date of delivery and must be original			
			At least (1) year expiration from the date of	,		
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						12,600.0
	11 .					
ľ			LESS: EWT	T 1% 112.50 /		675.0
	11	****	GMF	P 5% 562.50 /		11,925.0
			RIV#			
			18-0359 dtd. 07/19/18 PRID 4th Quar	rter Stock		
i I	.		10 0000			,
Terms	d Condit	ìons:	penalty in an amount equivalent to 1/10 on one	(1%) percent of the total value of unc	delivered order	for each day
1. The	agency s	hall impos	penalty in an amount equivalent to 1710 cm one damages. The Purchase Order (P.O.) by the dealer is not ind prepresentative either through fax or e-mail		n the day it was	acknowledge t
of the	delay a	sulquidate: receint of t	ne Purchase Order (P.O.) by the dealer is not ind	licated, it shall be deemed to		. Carlos of
have	been re	ceived by	ne Purchase Order (F.O.) by the opening in the presentative either through fax or e-mail m(s) shall be made within the prescribed schedulate the first of elevator shall only be from the prescribed schedulate the first of elevator shall only be from the first of elevator shall only be first	le dates. Supplier are advised to info	rm Procuremer	nt Section at ∽Wed/Frî
3. Deliv	ery of th	e above ite	representative either through that of the made within the prescribed schedu the selivery. Use of elevator shall only be from the delivered and accepted by the PSMD at 15th	09:00 to 11:30 a.m. and 1:30 to 3:00 l	p.m. during wo	4, • • • • • • • • • • • • • • • • • • •
least	twd (2) 0	lays belore	illege well, at 15th	Floor, Room 1501 Citystate Ct., Dis	· = -, · · · · · · ·	
(MV 4 Deli	len Rec	eipt and S	be delivered and accepted by the PSMD at 15th tiles invoice shall be required for one-time completes invoice shall be required for one-time completes as to specification where the complete is the specification where the complete is the specification where the complete is the complete in the complete in the complete in the complete is the complete in the complete i	nen quoted shall be rejected and retur	rned at the time	of delivery.
5. Defe	aptive, in	compannie	Of floir complete or comit		n No Gift Policy	(Revision 1)
. Witt	provision	on tor a par	No. 001B-	2015 entitled (Heiteration of	activiar Indirect	lv, anv dift
6. I Ne whin	r is deer	med incorp	ik-up unit in case of repair.  undertake to comply with Office order No. 0018-to orated into this Contract. No Philhealth personne or association, or juridical entity, whether from the course of official duties or which in connections.	ar small solicit, demand, or anytime	, on or off the W	ork premises
Z	thad not	ean croud	Ul discullation, vi la	and an units only transcribes there is the	affect the func	NOUS OF BISH
م مذ	- No call color	OUT IS OIVE	IN THE COURSE OF STATES			punk"
offic	elorinflu	ence the a cilitity of 1	ctions of directors or employees, or create the ap % of gross amount (Section 62. Warranty of 2016	6 Revised IRR of RA 3104).	ALCONO CONTRACTOR OF THE PARTY	
7, Wa	illamiy 2	and the second	energe approximation of the second of the se	Very truly yours,	Y F. KUAAS	

Php12,600.00

LYMES ARCENASILY
Fiscal Controller III

早17,000-

Funds Available in the amount of:

Signature over Printed Name and Position of authorized representative

Certified Budget Available:

0 8

Budget: Remark

CONFORME:

HERESE W. HINDOY

2018

5020301001

Fiscal Controller III

Administrative Officer III

Assleni 10/8 MARY ANN A. MALINIS

Head, SBAC

HEAD OF THE AGENCY

or Authorized Representative

Date

September 4, 2018

APPROVED:

Received copy of P.O.: