# REPUBLIC OF THE PHILIPPINES whilippine Health Insurance Corporation

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

# **PURCHASE ORDER**

	PURCHASE ORDER	Purchase Order No.:	08-086-18
i populari	ADECS INTERNATIONAL CORPORATION	Date:	agenst 24, 2016 -
Marest:	14) d. Tuzzon St. Ouexon City	Term of Payment:	Disposak re
		Mode of Procurement:	Local Shopping
Suppley Pla	distered with: PHILHEALTH	from rocaint hereof	the following

0.		OTY	UNTT	ffice within 15 Working days  ITEM DESCRIPTION	UNTO PRICE	TOTAL AMOUNT
		3		INK CARTRIDGE., for HP Printer CN053AN (HP 932XU), Black, for HP Office)et 7612/wide format/6100-H611 A/6100/6700 premium H-711n/6700 premium H711n/6700 premium H711n/6700 premium H711n/H711a/H711a/6300	t Printer m/7100 wide	1,534,60
C		2	£.71	INK CARTRIDGE, for HP Printer CN053AN (HP 932XL), Cyan, for HP Officejet 2612/wide format/6100-H611 A/6100/6700 premium H-711n/6700 premium H-711n/6700 premium H-711 fermat -H812a/79610 wide format/7610 wide format/6700 premium H711 H711a/H711e/6600	n/6900/600×	1 (A) - 1.5
State		2	gy in a special control of the special contro	INK CARTRIDGE., for HP Printer CN053AN (HP 932XL), Magenta, for HP Offi 7612/wide fermat/6100 H611 A/6100/6700 premium H-711n/6700 premium format -H812a/79610 wide format/7610 wide format/6700 premium H711 format -H812a/79610 wide format/7610 wide format/6700 premium H711	In/6600/600	And the second s
e .	The state of the s	gerage control of the	C 22	INK CARTRIDGE., for HE Printer CN053AN (HP 932XL), Yellow, for HP Office 7612/wide format/5100-H611 A/6100/6700 premium H-711n/5700 premium H71 format-H812a/72610 wide format/7610 wide format/6700 premium H71 H711a/H711g/6600  Note: at feast (1) year expiration from the date of delivery and		1.57%
				must be original		5.325.
	Section Comment		Y 200	11:33.	.48 ×	
				PIV # 18-0304 Std. 07/06/18 PRID 3rd 8, 4th Qualter Stock	e constitution e constitution constitution of the constitution of	5, <b>9</b> 87.)

The or new shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelinated order for each day

e of receipe of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was eacher, feetige to of the Collay as inquidated damages. so received by a representative either through fax or e-mail ing dit

n. the shove item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Prenovement South and (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 e.m. during 'decay's great All (tem(s) shall be delivered ann accepted by the PSMD at 15th Floor, Room 1501 Citystote Otr. Bidg., Pasig Cev

Receipt and Sales Invoice shall be required for one-time complete delivery of the goods. (61) 4, 0el

s, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of oversity

racing parties undertake to comply with Office order No. 0018-2015 entitled (Reiteration of Philhealth No Office Policy (Revision 1) 5. Deb Withordrision for a back-up unit in case of repair. recimed incorporated. Into this Centract, No Philhealth personnel shall solicit, demand, or accept, directly or inclusely, ney oil, G Th person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or of the work provides a while uch gitt is given in the course of official duties or which in connection with any transaction which may affect the forebods of their officed or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Security of 1% of gross amount (Section 62, Warranty of 2016 Revised IRR of RA 9184).

		nmount of Php6,3	Very truly yours,  APPROVED	EKY E. ROXAS
in the publishment and the second	Fond: Available in the a	mount of: Php6,3	320.00	
HERESE M. TINDO	<u> </u>	LYNIES, ARCENAS  Fiscal Controller III  \$4,324		MARY ANN A. MALHUS Hoad, SDAC
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	377	A CONTRACTOR OF THE CONTRACTOR	Received	copy of P.D.:
or coxis	104	spion	Annual Control of the State of	9/4/18
Signature	over Printed Name represes	and Position of authori	X6.()	

# REPUBLIC OF THE PHILIPPINES Hilippine Health Insurance Corporation

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

#### **PURCHASE ORDER**

Supplier:	ADECS INTERNATI	ONAL CORPORATION	Purchase Order No.:	08-086-18	
Address:	141 d. Tuazon St., Que	zon City	Date:	August 24, 2018	
Tel.Fax No.:	x No.: 740-1889, 740-1890, 740-0130		Term of Payment:	On Account	
Supplier Registered with:		PHILHEALTH	Mode of Procurement:	Local Shopping	
			_		

from receipt hereof the following 15 working days Please deliver to this office within NO. OTY LINTT **ITEM DESCRIPTION** UNIT **TOTAL AMOUNT PRICE** INK CARTRIDGE., for HP Printer CN053AN (HP 932XL), Black, for HP Officejet Printer 7612/wide format/6100-H611 A/6100/6700 premium H-711n/6700 premium/7100 wide 1,550.00 1,550.00 1 ca c format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600 INK CARTRIDGE., for HP Printer CN053AN (HP 932XL), Cyan, for HP Officejet Printer 7612/wide format/6100-H611 A/6100/6700 premium H-711n/6700 premium/7100 wide 2 2 796.00 1.592.00 format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600 INK CARTRIDGE., for HP Printer CN053AN (HP 932XL), Magenta, for HP Officejet Printer 7612/wide format/6100-H611 A/6100/6700 premium H-711n/6700 premium/7100 wide 796.00 1,592.00 2 3 ca format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600 INK CARTRIDGE., for HP Printer CN053AN (HP 932XL), Yellow, for HP Officejet Printer 7612/wide format/6100-H611 A/6100/6700 premium H-711n/6700 premium/7100 wide 796.00 1.592 00 4 2 ca format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600 Note: at least (1) year expiration from the date of delivery and must be original 6,326.00 LESS: **FWT** 1% 56.48 **GMP** 282.41 338.89 5,987.11 RIV #

### 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 to have been received by a representative either through fax or e-mail

PRID 3rd & 4th Quarter Stock

- 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.

07/06/18

18-0324 dtd.

- 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. Warranty Security of 1% of gross amount (Section 62. Warranty of 2016 Revised IRR of RA 9184).

## Very truly yours,

**ELY E. ROXAS** 

Certified Budget Available:	Funds Available in the amount of:	Php6,326.00	APPROVED:
THERESE M. TIND Fiscal Controller		ARCENAS ntroller III	MARY ANN A. MALINIS
Within the COB:  Expense Code:  Budget:  Remarks:			Head, SBAC HEAD OF THE AGENCY or Authorized Representative
CONFORME:			Received copy of P.O.:
Signature	over Printed Name and Position of representative	of authorized	Date