

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

PURCHASE ORDER

Supplier: **ADICS INTERNATIONAL CORPORATION**
Address: 141 d. Tuzon St. Quezon City
Tel. Fax: 740-1889, 740-1890, 740-0170
Supplier Registered with: **PHILHEALTH**

Purchase Order No.: **03-086-18**
Date: **August 24, 2018**
Term of Payment: **On Account**
Mode of Procurement: **Local Shopping**

Please deliver to this office within **15 working days** from receipt hereof of the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	ea	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 format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600	1,035.00	1,035.00
2	2	ea	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 format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600	119.50	239.00
3	2	ea	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 format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600	119.50	239.00
4	2	ea	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 format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600	152.00	304.00
Note: at least (1) year expiration from the date of delivery and must be original					5,326.00
LESS: EWT 1% 56.48 ✓ GMP 5% 282.41 ✓					5,987.11
PRV # 12-0204 dtd. 07/06/18 PRID 3rd & 4th Quarter Stock					

- Terms & Conditions:
- 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 delay as liquidated damages.
 - 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 delivered, except to be received by a representative either through fax or e-mail.
 - Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Office at least (3) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:00 to 3:00 p.m. during business hours.
 - All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
 - Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
 - Delivery of incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of receipt. With provision for a back-up unit in case of repair.
 - The contracting parties undertake to comply with Office order No. 0018-2015 entitled (Reiteration of Philhealth No Gift Policy (Revised 11) 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 period or where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of the office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
 - Warranty Security of 1% of gross amount (Section 62, Warranty of 2016 Revised IRR of RA 9134).

Very truly yours,

ELY E. ROXAS

Certificate of Availability	Funds Available in the amount of:	Php6,326.00	APPROVED:
HERSE M. TINDOY Fiscal Controller III	LYNIE S. ARCEAS Fiscal Controller III	6,326.00	MARY ANN A. MALIBIS Head, BRAC HEAD OF THE AGENCY or Authorized Representative
Date: 8/24/18 Budget: 6,326.00 - 3,326.00 = 3,000.00	Received copy of P.O. 9/4/18		
Signature over Printed Name and Position of authorized representative			

PURCHASE ORDER

Supplier: ADECS INTERNATIONAL CORPORATION
Address: 141 d. Tuazon St., Quezon City
Tel.Fax No.: 740-1889, 740-1890, 740-0130
Supplier Registered with: PHILHEALTH

Purchase Order No.: 08-086-18
Date: August 24, 2018
Term of Payment: On Account
Mode of Procurement: Local Shopping

Please deliver to this office within 15 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
c	1	ca	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 format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600	1,550.00	1,550.00
2	2	ca	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 format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600	796.00	1,592.00
3	2	ca	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 format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600	796.00	1,592.00
4	2	ca	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 format -H812a/79610 wide format/7610 wide format/6700 premium H711n/6600/600-H711a/H711g/6600	796.00	1,592.00
Note: at least (1) year expiration from the date of delivery and must be original					6,326.00
LESS: EWT 1% 56.48					338.89
GMP 5% 282.41					5,987.11
RIV #					
18-0324 dtd. 07/06/18 PRID 3rd & 4th Quarter Stock					

Terms & Conditions:

- 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.
- 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
- 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.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 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.
- 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.
- 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:
<div><div>THERESE M. TINDOY Fiscal Controller III</div><div>LYNIE S. ARCENAS Fiscal Controller III</div></div>			MARY ANN A. MALINIS Head, SBAC HEAD OF THE AGENCY or Authorized Representative
<div>Within the COB: Expense Code: Budget: Remarks:</div>			
CONFORME:			Received copy of P.O.:
Signature over Printed Name and Position of authorized representative			Date