



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
UNU, Commercial Bldg., Francisco Duque St., Taguac District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: BITSTOP INC.
Address: 27 Eastgate Plaza, AB Fernandez East, Dagupan City
Tel.Fax No.: 515-8750-54 loc. 9202
Supplier Registered with: 005-333-830-000 V

PO No. 18-114
Date: 7/27/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within if ON stock 5-7 working days, if NO stock 45-90 working days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	20	units	Scanner (barcode scanner, handheld, stable)	3,500.00	70,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	3,125.00	
			EWI (1%/1.12)	625.00	3,750.00
			PR No. 18-0424-0192		
			PURPOSE: For BAS use		
			TOTAL		66,250.00

Terms & Conditions:

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial 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 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.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

Cynthia S. Santos
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>70,000.00</u>	APPROVED:
<i>Jose A. Mones</i> JOSE A. MONES Fiscal Controller	
<i>Edward Q. Espiritu</i> EDWARD Q. ESPIRITU AO IV / FMS Chief	
With in the COB: <u>2018</u>	
Expense Code: <u>0000</u>	
Subject: <u>0000</u>	
Remarks: _____	
Conforme: <u>Mary Rose Castro</u> Signature over Printed Name and Position of Authorized Representative	
Date: <u>08-01-18</u>	
	ALBERTO C. MANDURIAO Regional Vice President, PRO1
	BY THE AUTHORITY OF THE RVP
	<i>Josephine M. Guiton</i> JOSEPHINE M. GUITON FOO CHIEF
	Date: _____