



PHILHEALTH REGIONAL OFFICE I
COA
9-3-18
POMM-P-006
Received By: RB
Time: _____

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: OCTAGON COMPUTER SUPERSTORE
Address: Calasiao, Pangasinan
Tel.Fax No.: 632-0141
Supplier Registered with: 004-780-008-136 V

PO No. 18-137
Date: 8/22/2018
Terms of Payment: COD-3days clearing of check
Mode of Procurement: Shopping

Please deliver to this office within 1 month from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	12	cart	Ink Cartdridge Epson L365 Inkjet, Black	245.00	2,940.00
2	12	cart	Ink Cartdridge Epson L365 Inkjet, Cyan	245.00	2,940.00
3	12	cart	Ink Cartdridge Epson L365 Inkjet, Magenta	245.00	2,940.00
4	12	cart	Ink Cartdridge Epson L365 Inkjet, Yellow	245.00	2,940.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	11,760.00
			Less: VAT (5%/1.12)	525.00	
			EWT (1%/1.12)	105.00	630.00
			PR No. 18-0720-0283		
			PURPOSE: For PRO 1 use for the 3rd quarter of CY 2018	TOTAL	11,130.00

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 thier 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
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 11,760.00

JOSE A. MONES
Fiscal Controller III

JANE C. FAGOS
FCU / FMS Chief

With in the COB: CY 2018
Expense Code: 50 72 30 1002
Bdget: 11,760
Remarks: VARIOUS COST CENTER

Conforme: NATHANUE C. DAGO 8/28/18
Date:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE SVC, PRO1
Maricar M. Arzadon, M.D.
Medical Officer VII
24 AUG 2018

Date