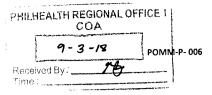
Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

## PURCHASE ORDER



## OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier:	OCTAGON COMPUTER SUPERSTORE	PO No. 18-137	
Address:	Calasiao, Pangasinan	Date: 8/22/2018	
Tel.Fax No.:	632-0141	Terms of Payment: COD-3days clearing of check	
	gistered with: 004-780-008-136 V	Mode of Procurement: Shopping	

## Please deliver to this office within <u>1 month</u> from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	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
			xxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	11,760.00
, 1			Less: VAT (5%/1.12)	525.00	
			EUS: 0/1 (0// 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:

- 1. 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 2. submitted by the supplier.
- 3. 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
- 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 4 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 5 "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. 6

•	Very truly yours, CYNTHA S. SANTOS Division Chief IV / MSD Chief
Certified Budget Available: Funds Available in the amount of: 1.7.7.0.00   JOSEA: MONES JANE C. FLAGOS JACC   Fiscal Controller III FCUV / FMS Chief	APPROVED:
With in the COB:   (N   1019     Expense Code:   50   10   30   1002     Bdget:   11, 760   1000   1000   1000   1000	ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE SVE, FRO 1
Remarks: <u>NARIOUS COST CONTER</u> Conforme: 5/20/18 NATHAUE CONTER Date:	Maricar M. Arzadon, A.D. U 2018 Newcal Officer VII
Signature over Printed Name and Position of Authorized Representative	Date