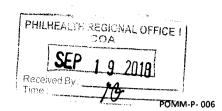


## Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION

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



Mode of Procurement: Shopping

## **PURCHASE ORDER**

	OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT				
Supplier:	BITSTOP, INC.	PO No. 18-155			
Address:	Dagupan City	Date: 9/13/2018			
Tel.Fax No.:	515-8750-54 loc. 9202	Terms of Payment: Charge			

Please deliver to this office within if ON-stock 15 days, 60-130 days if no stock from receipt hereof the following:

NO.	· QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	cart	Toner Cartridge for HP Laserjet Enterprises M607n (37A)	9,800.00	39,200.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	39,200.00
		· · · · · · · · · · · · · · · · · · ·	Less: VAT (5%/1.12)	1,750.00	The state of the s
			EWT (1%/1.12)	350.00	2,100.00
		The state of the s	PR No. 18-0828-0316		P. (MACA), 271 - 136 - 15
			PURPOSE: For PRO 1 use (with APP Amendment Batch No. 4, PPMP No. 18-10)	TOTAL	37,100.00

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.
- 2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be 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 conflict of interest.
- 4 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.
- 5 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 12:00NN and 1:00PM 3:00PM on working days on or before the date stipulated in the PO.

7 Partial delivery per item will not be accepted.
THE AUTHORITY OF THE

Supplier Registered with: 005-333-830-000 V

MARINEL C. BRAVO FISCAL CONTROLLER IL

Very truly yours,

Division Chief IV / MSD C

Certified Budget Available:	Funds Available in the amount of: 39. 200 : (0	• /	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS MCALL FCJV / FMS Chief		
With in the COB:			
Expense Code:		200	ALBERTO C. MANDURIAO
Bdget:		_	Regional Vice President, PRO1
Remarks:			
Conforme:	nys		
Mary Rose	Casto /Acs Date: 09-	19-18	
Signature over Printed I	Name and Position of Authorized Representative		Date