



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Taguig District, Taguig City

PHILHEALTH REGIONAL OFFICE I
 COA

DEC 20 2018

Received By: *[Signature]*
 Time: *[Signature]*

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MYBUSYBEE INC.**

Address: **G7 Burgundy Place B. Gonzales St., Loyola Heights, Quezon City**

Tel/Fax No.: **(02) 929-2222**

Supplier Registered with: **008-248-650-000 V**

PO No. **18-238**

Date: **12/8/2018**

Terms of Payment: **COD**

Mode of Procurement: **Negotiated Procurement-
 Small Value Procurement**

Please deliver to this office within **30 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	lot		Image Editor Software	27,066.00	27,066.00
2	lot		PDF Professional Editor	12,730.00	25,460.00
1	lot		Video Editing Software	27,066.00	27,066.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	3,553.21	
			EWT (1%/1.12)	710.64	4,263.85
			PR No. 18-0817-0311		
			PURPOSE: For ITMS Use		
			TOTAL - NET		75,328.15

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.

BY THE AUTHORITY OF THE FC III

MARIMEL C. BRAVO

FISCAL CONTROLLER III

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: <u> </u> Funds Available in the amount of <u>79,592.00</u>		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1
JOSE A. MONES Fiscal Controller III	BY THE AUTHORITY OF THE CHIEF, FMS JANE C. RAGOS FC IV / FMS Chief JOSE A. MONES FISCAL CONTROLLER III	
With in the COB: <u> </u> Expense Code: <u>0605030 (CAPEX)</u> Budget: <u>79,592.00</u> Remarks: <u>ITMS</u>		Date: <u> </u>
Conformer: <u><i>[Signature]</i></u> RICO HERNANDEZ Date: 12/12/2018 Signature over Printed Name and Position of Authorized Representative		