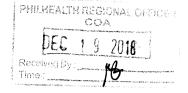


PHILIPPINE HEALTH INSURANCE CORPORATION

LNU Commercial Bldg. Prant see Duburd St. Tapuak District Dagupan City



POMM-P- 006

PURCHASE ORDER

DEFICE/DEPARTMENT: ADMINISTRATIVE SECTION GENERAL SERVICE UNIT

| | Section 2015 and the control of the | THE PROPERTY OF THE PROPERTY O | |
|--------------|---|--|------------|
| Supplier: | BITSTOP INC. | PO No. | 18-240 |
| Address: | 2/F Eastgate Plaza AB Fernandez East, Dagupan City | Date: | 12/13/2018 |
| Tel.Fax No.: | 515-8750-54 local 9204 | Terms of Payment: | Charge |
| Supplier Reg | istered with: 005-333-830-000 V | Mode of Procurement: | Shopping |

Please deliver to this office within 10 working days from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|---|--------------|
| | 8 | pcs | Memory Card/SD Card, 32 gb | 550.00 | 4,400.00 |
| | | | xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx | TOTAL | 4,400.00 |
| | 3 | | Less: VAT (5%/1.12) | v · · · · · · · · · · · · · · · · · · · | 196.43 |
| | | | PR No. 18-1206-0431 | ************************************** | |
| | | | PURPOSE: For PRO 1 use | TOTAL - NET | 4,203.57 |

Forms & Conditions

- I 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.
- 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.
- 6. Deliverles should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

| ATHORITY OF THE MYZIA MELC. BRAVO CONTROLLERU | | | Very truly yours, CYNTHIA'S. SANTOS Division Chief IV / MSD Chief |
|--|--|--|---|
| Certified Budget Available: | Funds Available in the amount of: 4, 400-00 | | APPROVED: |
| JOSE A. MONES Fiscal Controller III | JANE C. RAGOS GAGGE | | • |
| riscal Controller in | FOLV / FMS Chief | | |
| Within the COB: | | S. C. S. | ALBERTO C. MANOURIAO |
| Bdget: 4 April 1997 Ap | | | Regional Vice President, PRO1 |
| Conforme: Mary Ras | e Castro Date 12/18 | >/,? | |
| | me and Position of Authorized Representative | | Date |