

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **PC CARTEL COMPUTER SALES**
 Address: **G/F Hufana Bldg. Arellano St., Dagupan City**
 Tel.Fax No.: **600-1995**
 Supplier Registered with: **929-164-808-000 V**

PO No. **18-241**
 Date: **12/13/2018**
 Terms of Payment: **Charge**
 Mode of Procurement: **Negotiated Procurement-
 Small Value Procurement**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	10	pcs	HDMI CABLE SPECIFICATIONS (10 meter)	675.00	6,750.00
			Attribute Value		
			Cable Type HDMI to HDMI		
			Connector A Gender Male		
			Connector A Type HDMI		
			Connector B Gender Male		
			Connector B Type HDMI		
			Length 10m		
			Outer Sheath Materials PVC		
			Sheath Colour Black		
			Series Active		
			Shielding Triple Shielded		
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			TOTAL		6,750.00
			Less: VAT (5%/1.12)		301.34
			PR No. 18-1128-0423		
			PURPOSE: For PRO I use		
			TOTAL - NET		6,448.66

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.

BY THE AUTHORITY OF THE

MARIMEL C. BRAVO
 FISCAL CONTROLLER III

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>6,750.00</u> JOSE A. MONES Fiscal Controller III With in the COB: <u>2018</u> Expense Code: <u>100-100-000</u> Bdgct: <u>6,750.00</u> Remarks: <u>18</u> Conforme: <u>[Signature]</u> Signature over Printed Name and Position of Authorized Representative: <u>HERICA D. BENITO</u> Date: <u>12/21/2018</u> <u>Account Sales Manager</u>	APPROVED: <u>[Signature]</u> ALBERTO C. MANDURIAO Regional Vice President, PRO1 Date:
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