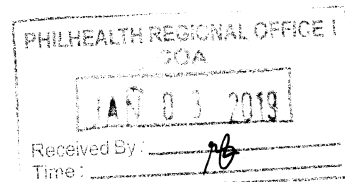




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **BITSTOP INC.**
 Address: **2/F Eastgate Plaza AB Fernandez East, Dagupan City**
 Tel. Fax No.: **515-8750-54 local 9204**
 Supplier Registered with: **005-333-830-000 V**

PO No. **18-254**
 Date: **12/20/2018**
 Terms of Payment: **Charge**
 Mode of Procurement: **Negotiated Procurement-
 Small Value Procurement**

Please deliver to this office within **5-7 days if ON stock, if NO stock 45-90 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	unit	SOUND SYSTEM, Public Address System, Portable Public Address System 60w with built in USB player (Konzert PA - 12)	9,200.00	9,200.00
	1	unit	SOUND SYSTEM, Microphone Lapel (Sennheiser)	29,800.00	29,800.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	39,000.00
			Less: VAT (5%/1.12)	1,741.07	
			EWT (1%/1.12)	348.21	2,089.28
			PR No. 18-0628-0256		
			PURPOSE: For PRO 1 use	TOTAL - NET	36,910.72

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.

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD

Certified Budget Available: _____ Funds Available in the amount of: <u>39,000.00</u> JOSE A. MONES Fiscal Controller III JANE C. BAGOS FC IV / FMS Chief With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ Mary Rose Castro Signature over Printed Name and Position of Authorized Representative Date: <u>12/28/18</u>	APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE RVP, PRO 1 MARLENE D SOLIBA, MD MEDICAL SPECIALIST IV Date: _____
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