Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

[illegible] Commercial Bldg. [illegible] 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. 18-261
Date: 12/28/2018
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within *15-30 days* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	unit	DRUM KIT For Fuji Xerox Docuprint P455 Monochrome Laser Printer Part No. CT350976	10,650.00	10,650.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	10,650.00
			Less: VAT (5%/1.12)	475.45	
			EWT (1%/1.12)	95.09	570.54
			PR No. 18-0312-0148		
			PURPOSE: For PPO Use	TOTAL - NET	10,079.46

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.
6. 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 MSD Chief~~

EDWARD Q. ESPIRITU 12.28.18
AO IV / ASS Chief

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

JOSE A. MONES
Fiscal Controller III

Funds Available in the amount of: 10,079.46

JANE C. RAGOS
FC IV / FMS Chief

PHILHEALTH REGIONAL OFFICE
COA
JAN 04 2019
Received By: au
Time:

Within the COB:
Expense Code:
Object:
Remarks:

APPROVED:

MARICAR M. ARZADON, M.D.
MD VII / OIC-ORVP

Date

Conforme:

Mary Rose Castro

Signature over Printed Name and Position of Authorized Representative

Date: 12/28/18