Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	OCTAGON COMPUTER SUPERSTORE	PO No. 18-54		
Address:	Robinsons Place, San Miguel, Pangasinan	Date: 5/3/2018		
Tel.Fax No.:		Terms of Payment: COD-3 days clearing of check		
Supplier Re	gistered with: 004-780-008-136 V	Mode of Procurement: Shopping		

Please deliver to this office within to be pick-up within 1 month from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	14	unit	Flash/Thumb Drive, high capacity storage (64/Kingstone)	2,800.00	39,200.00
2	28	spool	Ribbon Epson C13S015632 for Epson LX-310	115.00	3,220.00
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx	TOTAL	42,420.00
			Less: VAT (5%/1.12)	1,893.75	
			EWT (1%/1.12)	378.75	2,272.50
			PR No. 18-0312-0148		
			PURPOSE: Procurement of First Quarter Supplies for CY 2018	TOTAL	40,147.50

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.

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JOSE A. MONES EDWARD Q. ESPIRITU Fiscal Controller III AO IV / FMS CHIEF With in the COB: HIY IN / MA	ATTY. MC DONALD B. MALICDER
Expense Code: Bdget: Remarks: Conforme:	AVTORNEY IV
<u>ALVIN VINUAN</u> Signature over Printed Name and Position of Authorized Representative	Date

POMM-P- 006

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