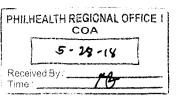


ENU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P- 006

**Small Value Procurement** 

## **PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION . GENERAL SERVICE UNIT

Supplier: BITSTOP INC.		PO No.	18-71	
Address: AB Fernandez Ave., D	agupan City	Date:	5/21/2018	
Tel.Fax No.: 515-8750-54 loc. 9202	2	Terms of Payment:	Charge	
Supplier Registered with: 005-333	I-830-000 V	Mode of Procurement:	Negotiated Procurement-	

Please deliver to this office within If on-stock 3-7 days, If no-stock 30-45 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Flatbed Scanner	3,600.00	3,600.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	(XXXX	
			Less: VAT (5%/1.12)		160.71
			PR No. 18-0502-0206 ^	· · · · · · · · · · · · · · · · · · ·	
			PURPOSE: For EMS use	TOTAL	3,439,29

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

Very truly yours,

	MARIA CITÁDEL G. ARZADON	MARICAR M. ARZADON, M.D.
•	SSIO / HRU HEAD	MO VII / MSD CHIEF
Certified Budget Available: Funds Available in the amount of: A		APPROVED:
JOSÉ A. MONES EDWARD Q. ESPIRITU TO FINE CHIEF		ALBERTO C. MANDURIAO
With in the COB:		Regional Vice President, PRO1
Expense Code:		By the authority of the RVP
Remarks:		m
Conforme:		MARICAR M. ARZADON, M.D.  MO VII MSD CHIEF
Mary Rose Castro/Acs Dat Signature over Printed Name and Position of Authorized Representa	e: 05/28/18 ative	Date