

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: JAB'S OFFICE SUPPLIES
 Address: 114 Woodcraft St., Bayanihan, Baesa, Caloocan City
 Tel./Fax No.: (02) 510-7966
 Supplier Registered with: 948-653-022-000 V

PO No. 18-84
 Date: 6/19/2018
 Terms of Payment: Charge
 Mode of Procurement: Shopping

Please deliver to this office within 3-5 working days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	75	pcs	RJ Connector, RJ 45	4.50	337.50
	18	cart	Toner Cartridge for HP Laserjet Network Printer Model: Laserjet 690 M601 (HP laserjet 90A CE 390x)	9,225.00	166,050.00
			XXXXXXXXXXXXXXXXXXXXX Nothing follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	166,387.50
			Less: VAT (5%/1.12)	7,428.01	
			EWI (1%/1.12)	1,485.60	8,913.61
			PR No. 18-0503-0208		
			PURPOSE: Procurement of IT Supplies for the 2 nd Quarter 2018	TOTAL	157,473.89

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 "Retiteration of PhilHealth No Gifts 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 their 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 payments made "in cash" or "in check" three (3) calendar days.
- Deliveries should be made within 8:00AM to 5:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

Cynthia S. Santos
CYNTHIA S. SANTOS
 Division Chief IV / M&D Chief

Captured Budget Available: _____ Fiscal Control: <u>JOSIE A. MONTE</u> Expense Code: _____ Budget: _____ Remarks: _____	Fund Available in the amount of: <u>157,473.89</u> Approved by: <u>EDWARD Q. ESPIRITU</u> AD IV / FMS CHIEF PHILHEALTH REGIONAL OFFICE I COA Received By: _____ Time: _____	APPROVED: _____ ALBERTO C. MANDURIAO Regional Vice President, PRO1
Confirms: _____ SAMANTHA RIVERA Date: June 22, 2018 Signature over Printed Name and Position of Authorized Representative		Date