

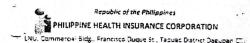
Supplier:

Address:

BITSTOP INC.

Tel.Fax No.: 515-8750-54 loc. 9202

Eastgate Plaza AB Fernandez Ave., Dagupan City





9:49 om

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION . GENERAL SERVICE UNIT

PO No. 2019-106

Date: 5/10/2019

Terms of Payment: Charge

rement: Shopping

Very truly yours,

Supplier Registered with:	005-333-830-000 V	Mode of Procurem
Please deliver to this office	within <i>If On-stock 15 days, if NO stock 75 da</i>	ys from receipt hereof the following:

NO.	QTY	UNIT	ITEM CODE	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
:	50	cart	IT-INK-019	INK CARTRIDGE, EPSON T6641, Black	260.00	13,000.00
2 .	13	cart	IT-INK-031	INK CARTRIDGE, for HP PRO 8600, 950XL Black	2,030.00	26,390.00
1	22	cart	IT-INK-20	INK CARTRIDGE, EPSON T6642, CYAN	290.00	6,380.00
4	22	cart	IT-INK-21	INK CARTRIDGE, EPSON T6643, MAGENTA	290.00	6,380.00
5	22	cart	IT-INK-22	INK CARTRIDGE, EPSON T6644, YELLOW	290.00	6,380.00
5	18	cart	IT-INK-12	INK CARTRIDGE, For HP PRO 8600 951XL Cyan	1,550.00	27,900.00
7	18	cart	IT-INK-13	INK CARTRIDGE, For HP PRO 8600 951XL Magenta	1,550.00	27,900.00
7	18	cart	IT-INK-14	INK CARTRIDGE, For HP PRO 8600 951XL Yellow	1,510.00	27,180.00
				XXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXX	TOTAL	141,510.00
				Less: VAT (5%/1.12)	6,317.41	
				EWT (1%/1.12)	1,263.48	7,580.89
				PR No. 19-0415-0231		
			<u> </u>	PURPOSE: IT Supplies - app amendement batch 2	TOTAL	133,929,11

- 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
- 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, damand, 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
- 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 12:00NN and 1:00PM 3:00PM on working days on or before the date stipulated in the PO.
- 7 Partial delivery per item will not be accepted.

win are abla	CYNTHIAS. SANTOS Division Chief IV / MSD Chief
JOSE A. MONES Fiscal Controller III FC IV / FMS Chief	APPROVED:
Within the COB. Expense Code: Bose: Remarks MANUAL MAN	ALBERTO C. MANDURIAO Ragional Vice President, PRO1
Mon Charlie A. Ancheta Date: 5/16/19	\$-14-19
Signature over Printed Name and Position of Authorized Representative	Date