



MAY 21 2019

POMM-P-006

PURCHASE ORDER

RECEIVED BY: *RF* 9:49am

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **BITSTOP INC.**
Address: **Eastgate Plaza AB Fernandez Ave., Dagupan City**
Tel./Fax No.: **515-8750-54 loc. 9202**
Supplier Registered with: **005-333-830-000 V**

PO No. **2019-106**
Date: **5/10/2019**
Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

Please deliver to this office within **If On-stock 15 days, if NO stock 75 days** from receipt hereof of the following:

NO.	QTY	UNIT	ITEM CODE	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	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
3	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
6	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
8	18	cart	IT-INK-14	INK CARTRIDGE, For HP PRO 8600 951XL Yellow	1,510.00	27,180.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX					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						
PURPOSE: IT Supplies - app amendment batch 2					TOTAL	133,929.11

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 "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.
- 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 payment made "in cash" or "in check" three (3) calendar days.
- 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.
- Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of: 141,510.00

JOSE A. MONES
Fiscal Controller III

JANET L. RAGOS
FC IV / FMS Chief

Within the COB:

Expense Code:

Bojet:

Remarks:

Conforme:

Mon Charlie A. Ancheta

Date: 5/16/19

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

Date