



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: AMERICAN TECHNOLOGIES, INC.
Address: ATI Bldg., #05 Idel Cor. McCollough St., Brgy. Addition Hills Mandaluyong City
Tel.Fax No.: (02) 584-0000 loc. 1291 / 0927-325-0814
Supplier Registered with: 000-329-993-000 V

PO No. 2019-185
Date: 8/8/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	6	unit	Multimedia Projector for small room (VIVITEK/BW566)	30,000.00	180,000.00
		Warranty: 3 years	xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	180,000.00
			Less: VAT (5%/1.12)	8,035.71	
			EWT (1%/1.12)	1,607.14	9,642.85
			PR No. 19-0528-0295		
			PURPOSE: PRO 1 ICT Requirements for CY 2019	TOTAL	170,357.15

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.

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER II

By the authority of the MSD Chief

EDWARD Q. ESPIRITU
AO III / OIC-OMSD Chief

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: _____

JOSE A. MONES
Fiscal Controller III

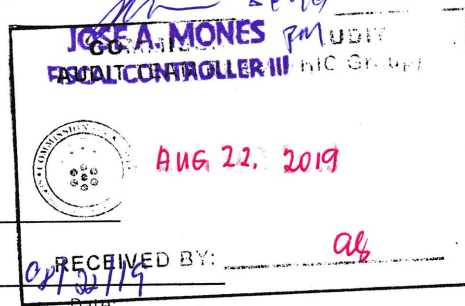
JANE C. RAGOS
FC IV / FMS Chief

With in the COB: CY 2019
Expense Code: 10604020
Bdget: 120,000
Remarks: CAPEX / FMS

Conforme: _____

Signature over Printed Name and Position of Authorized Representative

BY THE AUTHORITY OF THE CHIEF, FMS



RECEIVED BY: _____
Date: _____

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE
MARICAR M. ARZADON, MD
MEDICAL OFFICER/VI

Date