



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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)

SEP 25 2019

RECEIVED BY: RA

POMM-P-006

Supplier: PC CARTEL COMPUTER SALES
Address: G/F Hufana Bldg., Arellano St., Dagupan City
Tel.Fax No.: 600-1995 / 523-3174
Supplier Registered with: 929-164-808-000 V

PO No. 2019-211
Date: 9/20/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within **45 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	8	unit	Harddisk, External Portable, High Capacity	4,480.00	35,840.00
	10	unit	Scanner, Flatbed	3,386.00	33,860.00
			WARRANTY: 1 YEAR		
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX	TOTAL	69,700.00
			Less: VAT (5%/1.12)	3,111.61	
			EWT (1%/1.12)	622.32	
			Retention Money (1%)	697.00	4,430.93
			PR No. 19-0627-0329		
			PURPOSE: PRO 1 ICT Requirements for CY 2019	TOTAL - NET	65,269.07

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 to 3:00PM on working days on or before the date stipulated in the PO.

By the Authority of the
MARIMEL C. BRAVO
 Fiscal Controller III

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>69,700.00</u> JOSE A. MONES Fiscal Controller III JANE C. RAGOS FC IV / FMS Chief With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative: <u>JOANITA O. ESTEBAN</u> Date: <u>9-24-19</u>	APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE <u>RVP</u> JOSEPHINE Q. QUILTON Division Chief Date: _____
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