



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



OCT 24 2019

RECEIVED BY: 18

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: OCTAGON COMPUTER SUPERSTORE

PO No. 2019-238

Address: Calasiao, Pangasinan

Date: 10/21/2019

Tel.Fax No.: 632-0141

Terms of Payment: COD

Supplier Registered with: 004-780-008-136 V

Mode of Procurement: Shopping

Please deliver to this office within 15-30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	12	cart	HP Toner Cartridge, Monochrome 79A	3,150.00	37,800.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	37,800.00
			Less: VAT (5%/1.12)	1,687.50	
			EWT (1%/1.12)	337.50	2,025.00
			PR No. 19-1011-0458		
			PURPOSE: For LHIO CP use CM_PRO1 2019-0093 CY 2019 APP Amendment Batch 6	TOTAL	35,775.00

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.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>37,800.00</u> JOSE A. MONES Fiscal Controller III JANE C. RAGOS FC IV / FMS Chief With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforms: _____ <u>NATHANIEL C. DISA</u> Date: <u>10/27/19</u> Signature over Printed Name and Position of Authorized Representative		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE <u>RVP.</u> JOSEPHINE QUINTON Division Chief IV Date: _____
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