	COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group)
Republic of the Philippines IPPINE HEALTH INSURANCE CORPORATION cial Bldg., Francisco Duque St., Tapuac District Dagupan City	NOV 2 0 2019
PURCHASE ORDER	RECEIVED BY:

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: 0	OCTAGON COMPUTER SUPERSTORE	PO No.	2019-278
Address:	Calasiao, Pangasinan	Date:	11/8/2019
Tel.Fax No.:	632-0141	Terms of Payment:	COD
Supplier Regis	tered with: 004-780-008-136 V	Mode of Procurement:	Shopping

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

PHIL LNU, Commerc

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	20	pcs	DVD Recordable 16x speed, 4.7gb capacity, 120min. recording time 3 with individual casing		640.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	640.00
			Less: VAT (5%/1.12)		28.57
			PR No. 19-1025-0475		
			PURPOSE: For PRO 1 use	TOTAL	611.43

Terms & Conditions:

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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 imposed.

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

By the Authority of the W	By the authority of the MSD Chief:	Very truly yours,
MARIMEL C. BRAVO	EDWARD Q. ESPIRITU	CYNTHIA S. SANTOS
Placal Control II	AO IV / ASS Chief / OIC-OMSD Chief	Division Chief IV / MSD Chief
Certified Budget Available: Funds Available in the amo	unt of:	APPROVED:
JOSE A. MONES JANE C. RAGOS Fiscal Controller III FC IV / FMS Chief	BY THE AUTHORITY OF THE CHIEF, FM*	ALBERTO C. MANDURIAO
Bdget: Remarks: Conforme: NATHALE	Image: Piscal controller in Image: Date: Image: Data: Image: Dat	Regional Vice President, PRO1
Signature over Printed Name and Position of Authorize	d Representative	Date