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

Supplier: MATCO COMPUTER CENTER
Address: 203 B Corner 4th St., 11th Avenue Grace Park Caloocan City
Tel Fax No.: (02)8-788-7602/363-4769
Supplier Registered with: 224-228-547-000 VAT

PO No. 2019-291
Date: 11/25/2019
Terms of Payment: C.O.D
Mode of Procurement: Negotiated Procurement-Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	pcs	Fuser Assembly & Bundle of with repair and installation for HP Laserjet Printers M604n	25,300.00	50,600.00
	2	pcs	Fuser Assembly & Bundle of with repair and installation for HP Laserjet Printers M601n	25,300.00	50,600.00
				TOTAL	101,200.00
			Less: VAT (5%/1.12)		4,517.86
			EWT (1%/1.12)		903.57
			xxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxx		
			19-1029-0484		
			PURPOSE: Procurement for repapir/replacement of delective and beyond economical repair ICT ports cy 2019	TOTAL	95,778.57

Terms & Conditions:

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. Purchase Order (PO) shal be accepted by the supplier before the delivery of goods and/ or services.
4. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
5. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
6. 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.
7. 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 office hours on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV/MSD Chief

By the authority of the MSD Div. Chief

EDWARD O. ESPIRITU
AO IV/ASS-Chief

By the Authority of the Chief 11/25
MARIMEL C. BRAVO
Fiscal Controller III

Certified Budget Available:	Funds Available in the amount of: 101,200.00	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV/FMS Chief	JOSEPHINE O. CINTON, DBA OIC-VP, PRO 1
With in the CDB: Expense Code: Bdget: Remarks:	BY THE AUTHORITY OF THE CHIEF - FMS 11/25 JOSE A. MONES FISCAL CONTROLLER III	
Conforme: Melanie R. Tabucol Signature over Printed Name and Position of Authorized Representative	Date: Nov. 26, 2019	Date:

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
6. This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept. | 1 copy - COA | 1 copy - Supplier