

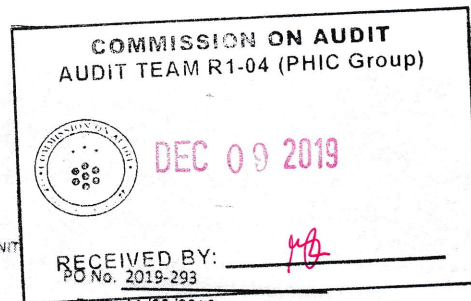


Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: BITSTOP INC.
Address: 2/F Eastgate Plaza AB Fernandez Avenue Dagupan City Pangasinan
Tel/Fax No.: 515-8750-54
Supplier Registered with: 005-333-830-000 VAT



Terms of Payment: Charge
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	HP Deskjet IA 5075 printer, Black 680	480.00	960.00
	6	pcs	HP Deskjet IA 5075 printer, Tri-color 680	480.00	2,880.00
				TOTAL	3,840.00
				Less: VAT (5%/1.12)	171.43
				XXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	
				19-0628-0332	
				PURPOSE: It supplies Batch 6	
				TOTAL	3,668.57

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) shall 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 Q. ESPIRITU

AD IV/ASS-Chief

By the Authority of the

MARIMEL C. TRAVO

Fiscal Controller III

Certified Budget Available: Funds Available in the amount of: 3,840.00

JOSE A. MONES

Fiscal Controller III

JANE C. RAGOS

FC IV/FMS Chief

With in the COB:

Expense Code:

Budget:

Remarks:

Conforme:

Mary Rose Castro

Date: 11/29/2019

Signature over Printed Name and Position of Authorized Representative

APPROVED:

JOSEPHINE Q. QUITON, DBA
OIC/ADP, PRO 1

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 signatures of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.