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

JUL 06 2021

RECEIVED BY:

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNG Commercial Bldg., Francisca Quesa St., Tabuad District Dagupan City

PMM-P 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: MATCO COMPUTER CENTER
Address: 203 B Corner 4th St., 11th Ave., Grace Park Caloocan City
Tel.Fax No.: (02) 224-228-547-000
Supplier Registered with: 224-228-547-000 V

PO No. 2021_043
Date: 6/30/2021
Terms of Payment: COD
Mode of Procurement: SHOPPING

Please deliver to this office within *15-30 days if ON stock, 30-45 days if NO stock* upon receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	102	pcs	BATTERY for UPS	950.00	96,900.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	96,900.00
			Less: VAT (5%/1.12)	4,325.89	
			EWT (1%/1.12)	865.18	5,191.07
			PR No. 21-0618-0139		
			PURPOSE: For PRO 1 use	TOTAL - NET	91,708.93

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. 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 - 12:00NN and 1:00PM - 3:00PM** on working days on or before the date stipulated in the PO.
7. Partial delivery per item will not be accepted.

Very truly yours,

7/1/21
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 96,900.-

JOSE A. MONES — Fiscal Controller III
EDWARD Q. ESPIRITU — AO IV / OIC OFMS Chief

Work/Fund Set: CY 2021
Expense Code: 50203-100 1
Sum: 96,900.00
Remarks: MOOE/VARIOUS COST CENTER

Conforme:

Melanie A. Tabucol
Signature over Printed Name and Position of Authorized Representative
Date: 7/5/2021

APPROVED:

JUL 01 2021

MARICAR M. ARZADON, M.D.
Medical Officer VII - HCDMD

DENNIS B. ADRE
Regional Vice President, PRO1

Date