

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**

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

SEP 20 2021

RECEIVED BY: 2021 070
 Date: 9/14/2021

Terms of Payment: COD
 Mode of Procurement: Shopping

Please deliver to this office within **15-30 days if ON stock, 15-100 days if order basis** upon receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	35	cart	TONER CARTRIDGE for HP Printer M607 HP CF237A (HP 37A), Black	11,335.00	396,725.00
2	5	cart	TONER CARTRIDGE for HP CF281A (HP 81A), Black	12,165.00	60,825.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	457,550.00
			Less: VAT (5%/1.12)	20,426.34	
			EWT (1%/1.12)	4,085.27	24,511.61
			PR No. 21-0825-0177		
			PURPOSE: For PRO Use	TOTAL - NET	433,038.39

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

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>437,110</u>		APPROVED: DENNIS B. ADRE Regional Vice President, PRO1
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief	
With in the COB: <u>2021</u> Expense Code: <u>5020301002</u> Budget: <u>457,550.00</u> Remarks: <u>MOOT/SUPPLEMENTAL PO</u>		Date:
Conformer: <u>Melanie A. Tabuwal</u> Signature Over Printed Name and Position of Authorized Representative		