

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Lapu-Lapu District, Davao City

PURCHASE ORDER

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



OCT 29 2021

RECEIVED BY: *[Signature]*

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MATCO COMPUTER CENTER

PO No. 2021_075

Address: 203 B Corner 4th St., 11th Ave., Grace Park Caloocan City

Date: 10/20/2021

Tel./Fax No.: (02) 224-228-547-000

Terms of Payment: COD

Supplier Registered with: 224-228-547-000 V

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 15-37 days if ON stock, 90-127 days if ORDER basis upon receipt hereof the following:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	pcs	FUSER ASSEMBLY for HP Laserjet (M607)	24,800.00	124,000.00
2	8	pcs	BATTERY for UPS 12 volts 7ah	950.00	7,600.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	131,600.00
			Less: VAT (5%/1.12)	5,875.00	
			EWI (1%/1.12)	1,175.00	7,050.00
			PR No. 21-1011-0194		
			PURPOSE: For PRO Use	TOTAL - NET	124,550.00

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,

[Signature]
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>131,600</u> JOSE A. MONES _____ EDWARD Q. ESPIRITU _____ Fiscal Controller III AO IV / OIC OFMS Chief With in the COB: <u>2021</u> Expense Code: <u>5020301001</u> Bdgct: <u>131,600</u> Remarks: <u>MOOP/SUPPLEMENTAL</u> Conforme: <i>[Signature]</i> <u>10/20/2021</u> Signature over Printed Name and Position of Authorized Representative Date:		APPROVED: By: <i>[Signature]</i> MARICAR M. ARZADON, M.D. Medical Officer VII - HCDMD DENNIS B. ADRE Regional Vice President, PRO1 OCT 22 2021 Date
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