

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MJR COMPUTERS & LAPTOP SPECIALIST**
Address: **#1 Ricafort Bldg., Galvan St., Dagupan City**
Tel. Fax No.: **075-529-0821**
Supplier Registered with: **431-460-961-000 V**

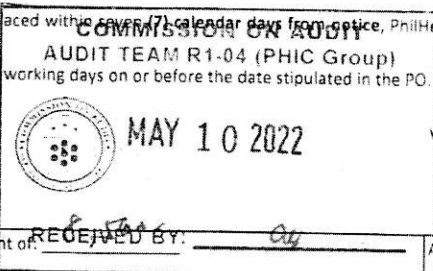
PO No. **2022_021**
Date: **4/29/2022**
Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

Please deliver to this office within 30 days from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|------------|-----------------|
| 1 | 8 | pcs. | Ink for Epson Inkjet Printer T6641, Black | 245.00 | 1,960.00 |
| 2 | 8 | pcs. | Ink for Epson Inkjet Printer T6642, Cyan | 275.00 | 2,200.00 |
| 3 | 8 | pcs. | Ink for Epson Inkjet Printer T6644, Yellow | 275.00 | 2,200.00 |
| 4 | 8 | pcs. | Ink for Epson Inkjet Printer T6643, Magenta | 275.00 | 2,200.00 |
| | | | xxxxx Nothing Follows xxxxx | | |
| | | | Less: | | |
| | | | VAT (5%/1.12) | | 382.14 |
| | | | PR No. 22-0406-0096 (5020301002) | | |
| | | | For PRO1 use- 2nd Qtr. CM_PRO1 2022-008 CY 2022 APP Amendment Batch 1 | | |
| | | | TOTAL - NET | | 8,177.86 |

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 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 to 3:00PM on working days on or before the date stipulated in the PO.



Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: RECEIVED BY: [Signature]

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief
MARIMEL C. BRAVO
FISCAL CONTROLLER II

Expense Code: CY2022
Bdget: 5020301002
Remarks: EC60
TIER 2 10000

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 05/10/2022

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

MAY 02 2022

Date