

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **RC2 TECHNOLOGIES CORPORATION**
Address: **Arellano St., Dagupan City**
Tel./Fax No.: **075-202-0433**
Supplier Registered with: **010-313-469-000 V**

PO No. **2022_004**

Date: **3/18/2022**

Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

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

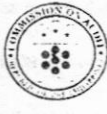
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	18	Cart.	Toner Cartridge for HP Printer M607 HP CF237A (HP 37A), Black	11,600.00	208,800.00
2	3	Cart.	TONER CARTRIDGE for HP Laserjet Network Printer Model: Laserjet 690 M601 (HP Laserjet 90A CE 390a)	11,600.00	34,800.00
			xxxx Nothing Follows xxxx		
			Less:		
			VAT (5%/1.12)		10,875.00
			EWI (1%/1.12)		2,175.00
			PR No. 22-0310-0061 (5020301002)		
			PURPOSE: For PRO 1 use, 1st Qtr. APP Amendment Batch 1		
			TOTAL - NET		230,550.00

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

Very truly yours,

Cynthia S. Santos
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: 2022 5020301002 243 600 REF MOORE / TIBER 2		COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group)  MAR 23 2022 RECEIVED BY: <i>ay</i>		APPROVED: DENNIS B. ADRE Regional Vice President, PRO1 MAR 21 2022 By: <i>My</i> MARICAR M. ARZADON, M.D. Medical Officer VII - HCDMD Date: _____	
JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Bdgat: _____ Remarks: _____ Conformer: _____ JEAN DUPAL-AG / Purchasing Date: 03/22/22 Signature over Printed Name and Position of Authorized Representative					