Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Alta Bldg. Old De Venecia Highway, Lucao, Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: UPSON INTERNATIONAL CORPORATION DBU OCTAGON COMPUTER SUPERSTORE
Address: Robinsons Place, San Miguel Calasiao, Pangasinan
Tel./Fax No.: 075-523-1683
Supplier Registered with: 004-780-008-136 V

PO No. 2022-126
Date: 11/26/2022
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 30 days or pick-up upon check payment from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	units	External HDD, at least 1TB and USB 3.0	2,650.00	5,300.00
			xxxxx Nothing Follows xxxx	TOTAL	5,300.00
"3 Year Warranty"			Less: VAT (5%/1.12)		236.61
			PR No. 22-1104-0281 (5020321006)		
			PURPOSE: For PRO 1 use	TOTAL - NET	5,063.39

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 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: 5,300

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the COR: CY2022
Expense Code: 5020321006 / CTOB 16
Dept: 5300
Remarks: 00N APP

Conforme:

Date:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: JANETTE D. PANACIO, MD
MEDICAL SPECIALIST IV

NOV 28 2022

Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
DEC 07 2022
RECEIVED BY: