

PURCHASE ORDER

POMM-P-006

Supplier: **RC2 TECHNOLOGIES CORPORATION**
 Address: **Arellano St., Dagupan City**
 Tel. Fax No.: **0945-3015074**
 Supplier Registered with: **010-381-469-000 V**

PO No. **2023-001**
 Date: **1/30/2023**

Terms of Payment: **Charge**
 Mode of Procurement: **Emergency Procurement of IT Supplies under Shopping 52.1 (a)**

Please deliver to this office within Feb. 1, 2023 from receipt period the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	15	pcs	Toner Cartridge for HP Printer M607 HP 112 37A (HP 37A), Black	11,150.00	167,250.00
2	2	pcs	Toner Cartridge HP CE380A (HP 88A) Black	11,220.00	22,440.00
			XXXXXXXXXX Nothing P-Bows XXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		8,468.30
			EWT (15%/1.12)		1,693.66
			PR No. 23-0127-0013 (9020301062)		
			PURPOSE: IT Supplies for PPO Line		
			TOTAL - NET		179,528.04

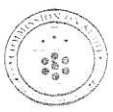
Terms & Conditions:

- In case of failure to make the full delivery within the date 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 specifying showing the handling, serial number of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Code of Ethics for Government Employees (Reiteration of PhilHealth no-unit policy provision 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, or on 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 returned 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 5:00PM on working days, or on before the date stipulated in the PO.

Very truly yours,

Cynthia S. Santos
CYNTHIA S. SANTOS
 Director of IT / MCO Chief

Certified Budget Available: Funds Available in the amount of 189,690.00	APPROVED
JOSE A. MONES Fiscal Controller III	EDWARD G. ESPRITO NO IV / SAC-OPS Chief
With in the COB: 01/30/23	DENIS B. ADRE Regional Vice President, PRO1
Expense Code: 3070301002/999910	
Budget: 189,690.00	Date
Remarks: VARIOUS DATA OTR	
Conforme: JEAN DUPAL-AG Date: 01/31/23	
Signature over Printed Name and Position of Authorized Representative	

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

FEB 01 2023
 RECEIVED BY: *[Signature]*