

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **SONKKENS OFFICE EQUIPMENT TRADING**
Address: **81 L 27, GLADIOLA ST., CITY PARK SABANG, LIPA CITY**
Tel./Fax No.:
Supplier Registered with: **710-987-195-000 V**

PO No. **2024 332**
Date: **12/20/2024**
Terms of Payment: **Charge**
Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within 45 calendar days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	sets	Desktop Computer Basic with Uninterrupted Power Supply (UPS), 1000VA, 230 AC Output, 600W XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	59,500.00	595,000.00
			TOTAL		595,000.00
			VAT (5%/1.12)		26,562.50
			EWI (1%/1.12)		5,312.50
			Retention: (1%)		5,950.00
			PR No. 24-1112-0476 (10605030)		
			PURPOSE: ICT Resources for CY 2024 for additional Job Order Positions	TOTAL - NET	557,175.00

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

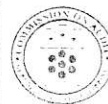
BY THE AUTHORITY OF
MARIMEL C. BRAVO
FISCAL CONTROLLER II

Very truly yours,

CYNTHIA SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 225,000.00		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President, PRO1
JOSE A. MONES FISCAL CONTROLLER III 12/27/24		
With in the COB: 2024		2024
Expense Code: 10201030		
Bdget: 19,100		Date
Remarks: Supplemental / Stab 10		
Conforme: [Signature]		
Signature over Printed Name and Position of Authorized Representative		

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



JAN 02 2025

RECEIVED BY: **CH**