

With in the COS:

Expense Code: Briget:

Conforme:

Remarks

2024

ACCIGA

5020301002/8700 10 P181,125.00

Signature over Printed Name and Position of Authorized Representative

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

POMM-Pacos

087.4

Regional Vice President, PRO1 (1997)

Date

APR 1 5 2024; Wells 9

617.

25.0 085 5 1

1250

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Sup	plier:	MATCO COMPUTER CENTER		PO No.	2024 063
Address: Tel.Fax No.:		203 B Corner 4th St., along 11th Ave., Grace Park Caloocan City 02-441-4502 Tel		Date: rms of Payment:	4/15/2024 COD
			,		of IT Supplies under
	Please de	liver to this	office within 5-10 days from receipt hereof the following:		Shopping 52.1 (a)
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	15	cart.	Toner Cartridge, HP 147A, Black Standard, for HP Laserjet Enterprise M611dn, HP W1470A	12,075.00	181,125.0
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXX		
			Less:	TOTAL	181,125.00
			VAT (5%/1.12)		8,085.9
			EWT (1%/1.12)		1,617,1
			PR No. 24-0412-0180 (5020301002)		
ī.	·	,	PURPOSE: For PRO 1 uso	TOTAL - NET	171,421.8
3.	The contra incorporate entity, whe with any tr interest. PhilHealth specificatio	into this Cont ther from the ansaction whi shall have the n when quotes	indertake to comply with Office Order No. 0018-2015 entitled "Relteration of Philicract. No Philihealth personnel shall solicit, demand, or accept, directly or Indirectly, a public or private sector, at anytime, on or off the work premises where such gift is chimay affect the functions of thier office or influence the actions of directors or right to reject and return the items and cancel the corresponding PO if goods delid.	ny gift from any pers given in the course of employees, or create ivered are defective,	on, group, association, or judi of official duties or in connect the appearance of a conflict incomplete or non-compliant
5	In case of r cash" or "ir	of returned/rejected Items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "i "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.				* * * * * * * * * * * * * * * * * * *
E A	uthor II.	ां उं हो गाना थी को २७		Very truly yours,	~
Certi	MATE TIME	4101.00	E BUDGET OFFICER:	CYN	THAS SANTOS
	ARUINI fled Budget	3	E BUDGET OFFICER:		THAS SANTOS Chief IV / MSD Chief
	ARUIN fled Budget	3	E BUDGET OFFICER:	CYN Division APPROVED:	
IOSE	fled Budget A. MONES Controller	Avallable:	E BUDGET OFFICER:		

Date:

COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group) all RECEIVED BY: