

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MATCO COMPUTER CENTER PO No. 2024_230
Address: 203 B Corner 4th St., along 11th Avenue, Grace Park, Calocan City Date: 9/18/2024
Tel.Fax No.: 8441-4502 Terms of Payment: COD
Supplier Registered with: 224-228-547-000 V Mode of Procurement: Shopping

Please deliver to this office within 30-45 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	55	cart.	Toner Cartridge, CF237A (HP 37A, M607N), Black	12,425.00	683,375.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:	TOTAL	683,375.00
			VAT (5%/1.12)		30,507.81
			EWT (1%/1.12)		6,101.56
			PR No. 24-0902-0378 (5020301002)		
			PURPOSE: For PRO 1 USE, CM#2024-039, CY 2024 Annual Procurement Plan Amendment Batch 9	TOTAL - NET	646,765.63

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 their 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,

CHESTER JOSEPH C. CANTO
Administrative Officer III

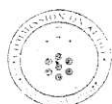
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

THE AUTHORITY OF THE BUDGET OFFICER:

KIM P. AQUINO
Fiscal Controller III

Certified Budget Available:	Funds Available in the amount of: <u>683,375.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
With in the COB: <u>CY 2024</u>	By the Authority of the FMS Chief	
Expense Code: <u>5020301002</u>	JOSE A. MONES Fiscal Controller III	
Adopt: <u>683,375.00</u>	9/18/24	
Remarks: <u>AS/ASU/AS/ASU</u>		
Conforme: <u>Malcolm Tabucol</u>	Admin Sup.	
Signature over Printed Name and Position of Authorized Representative	Date: <u>9/19/24</u>	
		DENNIS B. ADRE Regional Vice President, PRO I
		By: <u>CYNTHIA S. SANTOS, DFA</u>
		Division Chief IV / MSD Chief
		OIC-RVP, PRO I
		Date

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



SEP 23 2024

RECEIVED BY: