



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: UPSON INTERNATIONAL CORPORATION (OCTAGON COMPUTER SUPERSTORE)
Address: Robinsons Place San Miguel, Calasiao, Pangasinan
Tel.Fax No.: _____
Supplier Registered with: 004-780-008-136 V

PO No. 2024_308
Date: 12/04/2024
Terms of Payment: COD
Mode of Procurement: Shopping


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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,000	pcs.	Ethernet Connection RJ 45, Standard, for CAT6	5.18	5,180.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
				TOTAL	5,180.00
			VAT (5%/1.12)		231.25
			PR No. 24-1119-0483 (5020301002)		
			PURPOSE: For PRO 1 use	TOTAL - NET	4,948.75

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: 5,180.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief 

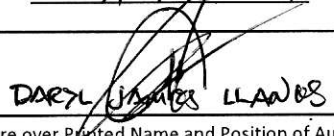
With in the COB: 2024

Expense Code: 102030002


Bdget: 5,180

Remarks: ASS/SSM - 5 Feb 10

Conforme:


Date: 12-14-24
Signature over Printed Name and Position of Authorized Representative

APPROVED:


DENNIS B. ADRE
Regional Vice President, PRO1

DEC 05 2024

Date

