



PURCHASE ORDER

Department of Health
PHILIPPINE INSTITUTE OF TRADITIONAL AND ALTERNATIVE HEALTH CARE

SUPPLIER:	QUARTZ BUSINESS PRODUCTS CORP.	P.O. NO.:	24-09-0061
ADDRESS:	15F Capital House 9th Avenue corner 34th St., Bonifacio Global City, Taguig City	DATE:	September 4, 2024
TIN :	000-167-050-000 (VAT)	PR NO.:	24-06-0133
MODE OF PROCUREMENT:	PUBLIC BIDDING	DATE:	June 18, 2024

Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery:	PITAHC Central Office	Delivery Term:	Thirty (30) calendar days reckoned from the date of Notice to Proceed (NTP)
Date of Delivery:	Thirty (30) calendar days reckoned from the date of Notice to Proceed (NTP)	Payment Term:	After the submission and completion of all deliverables and outputs required for the project duly accepted by the end-user. (30 calendar days after the completion of inspection and acceptance.)

STOCK NO	UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
	SET	SUPPLY AND DELIVERY OF VARIOUS ICT EQUIPMENT FOR THE PHILIPPINE INSTITUTE OF TRADITIONAL AND ALTERNATIVE HEALTH CARE LOT 1 - DESKTOP COMPUTER Item Description: Processor: At least i5 12th Generation or equivalent RAM: 8 GB DDR4 Memory or better Storage: 500 GB SATA/M.2 SSD or better Display: 24" LED Screen (Viewable) or better Graphics: Dedicated GPU or better Operating System: Windows 10/11 Pro with MS Office With USB Keyboard and USB Optical Mouse Warranty: At least two (2) years on parts and services x-x-x	10	58,320.00	583,200.00
TOTAL					583,200.00

(Total Amount In Words)

Five Hundred Eighty-Three Thousand Two Hundred Pesos Only

In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Very truly yours,

Only
MA. TERESA C. INIGO, MD, FPCAM, CESE
Director General
Authorized Official

Conforme:

Signature over Printed Name of Supplier

Date

Requisitioning Office/ Department DR. FROILAINNE A. DELA CRUZ Planning Officer V Authorized Official	 MARY SHANE SALESAL Accountant III Authorized Official	Amount : <u>7583,200</u> BUS No. : <u>16-10177-7074-09-00432</u>
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