



PURCHASE ORDER

Department of Health
PHILIPPINE INSTITUTE OF TRADITIONAL AND ALTERNATIVE HEALTH CARE

SUPPLIER: **QUARTZ BUSINESS PRODUCTS CORP.**
ADDRESS: 15F Capital House 9th Avenue corner 34th St., Bonifacio Global City, Taguig City
TIN : 000-167-050-000 (VAT)
MODE OF PROCUREMENT: **PUBLIC BIDDING**

P.O. NO.: **24-12-0084**
DATE: December 10, 2024
PR NO.: **24-09-0196/24-09-0199/24-09-0198**
DATE: Sept. 5, 2024/Sept. 6, 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: within 30 calendar days after the submission and completion of all deliverables and outputs required for the project duly accepted by the end-user

| STOCK NO | UNIT | DESCRIPTION | QTY | UNIT COST | AMOUNT |
|--------------|-------|--|-----|-----------|-------------------|
| | units | SUPPLY AND DELIVERY OF VARIOUS ICT EQUIPMENT FOR THE PHILIPPINE INSTITUTE OF TRADITIONAL AND ALTERNATIVE HEALTH CARE LOT 1 - LAPTOP WITH BAG AND MICROSOFT OFFICE INSTALLED Processor: At least i5 12th Generation or equivalent Memory: 8GB DDR4 memory or better Storage: 500 GB SATA/M.2 SSD or better Graphics: Integrated graphics or better Operating System: Windows 11 (Home or Professional) + MS Office 2021 (Home and Business) or better Display: Minimum of 13"screen size Camera: 720p HD camera or better With WIFI + Bluetooth 5.0 or better Warranty: At least two (2) years on parts and services X-X-X | 17 | 34,871.00 | 592,807.00 |
| TOTAL | | | | | 592,807.00 |

(Total Amount In Words) **Five Hundred Ninety-two Thousand Eight Hundred Seven 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,

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 : **959,280.00**
BUS No. : **12-10177-2024-12-00640**