

Tel.Fax No.:

Supplier Registered with:

#### Republic of the Philippines

### PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City Call Center (02) 441-7442 Contact Number (042) 373-7554 www.philhealth.gov.ph region4a@philhealth.gov.ph



# **PURCHASE ORDER**

OFFICE/DEPARTMENT: MSD-Admin

SUNLIFE BOOKSTORE Supplier: Address:

Enriquez St.

Lucena City 710 3518

Department of Trade and Industry

Terms of Payment: Mode of Procurement:

PO No.

Date:

on account **NPSV** 

16-021

23-Feb-16

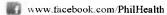
Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	18	roll	ADHESIVE TAPE, Size 1", double sided with foam	18.00	324.00
2	14	roll	ADHESIVE TAPE, Size 1", double sided without foam	22.00	308.00
3	1	pair	BOOKENDS, Steel, big	95.00	95.00
4	4	рс	CLIPBOARD, For A4 size document	24.00	96.00
5	10	рс	CLIPBOARD, For legal size document	25.00	250.00
6	8	unit	CUTTER, Small, retractable, L-200	6.00	48.00
7	7	рс	DESK TRAY, Document Filing, 3 Layers	250.00	1,750.00
8	4	рс	DESK TRAY, Double wiremesh	220.00	880.00
9	1	spool	DTR RIBBON, for DTR	180.00	180.00
10	12	рс	FELT PAPER, Assorted colors	12.00	144.00
11	50	рс	FOLDER, Pressboard, plain, for letter size papers/documents	7.50	375.00
12	15	bottle	GLUE, White 130 grams	31.00	465.00
13	13	рс	GLUE STICK, For big glue gun	4.00	52.00
14	5	рс	GLUE STICK, For small glue gun	1.50	7.50
15	10	рс	ID CARD HOLDER, Clear, plastic	5.00	50.00
16	300	рс	LAMINATING FILM, 250 microns, 65x95mm	0.95	285.00
17	6	pack	LAMINATING FILM, Size: A4, 10's	80.00	480.00
18	20	рс	MANILA PAPER, Brown	2.00	40.00
19	1	ream	PAPER, bond, multicopy, 80 gsm, A3	250.00	250.00
20	46	ream	PAPER, bond, multicopy, 80 gsm, legal	144.00	6,624.00
21	21	ream	PAPER, bond, multicopy, 80 gsm, short	124.00	2,604.00
22	15	ream	PAPER, Multicopy, long, 8 1/2 x 13, legal size	128.00	1,920.00
23	7	рс	RULER, 12 (305mm), plastic	4.00	28.00
24	26	рс	SCISSOR, Stainless steel w/plastic handle, big	35.00	910.00
25	1	рс	STAPLE WIRE REMOVER, Industrial Type	10.00	10.00
26	33	рс	STAPLER, With remover, HD no.35	225.00	7,425.00
27	54	pack	STIKCER, Paper, A4, 10 pcs/pack	25.00	1,350.00
29	10	pack	STOCK CARD, 100pcs/pack	20.00	200.00
30	1	рс	TRAY, DESK TRAY	140.00	140.00
					27,290.50
			Less Taxes: 5% VAT	1,218.33	
			1% EWT	243.67	1,462.00
				TOTAL AMOUNT	25,828.50

Terms & Conditions:

- The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO. 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.
- 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. Deliveries should be made within office hours on working days on or before the date stipulated in the PO









### Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City Call Center (02) 441-7442 Contact Number (042) 373-7554 region4a@philhealth.gov.ph



Very truly yours,

MIGUEL T. MACALINAO Division Chief, MSD

Certified Budget Available:	Funds Available in the amount of: 27, 240 APPROVED:				
ERLYN V. ROJAS	FELICIANA O. PASTORPIDE	$\bigcap$			
Fiscal Controller II	Fiscal Controller IV	(W)			
With in the COB: 2016 COE		EDWIN M. ORIÑA, M.D.			
Expense Code: 774-10		OIC, PRO IVA			
Budget: 27,290.50					
Remarks:	Lav.				
	1842 hA				
Conforme: QUISTA	WA HIPOLITO 3/7/16				
Signature over Printed Name and Position of Authorized Representative / Date of Received					





