

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

Enriquez St.,

Lucena City

710 3518

PO No. 16-043

Date: 04-01-16

Terms of Payment: on account

Mode of Procurement: local shopping

Supplier Registered with: Department of Trade and Industry

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	roll	ADHESIVE TAPE, Size 1" , double sided with foam	36.00	108.00
2	1	tube	BLADE, For small cutter (L-200), 10 pcs/tube	30.00	30.00
3	1	pc	DATER MACHINE, Self-inking (Received-date)	350.00	350.00
4	1	unit	EMERGENCY LIGHT, Rechargeable	1,200.00	1,200.00
5	65	box	FASTENER, Metal and plastic combination, 2 pc-clip, 70MM, 50 sets/box	18.50	1,202.50
6	2	pc	FELT PAPER, Assorted colors	12.00	24.00
7	15	bottle	GLUE, White 130 grams	31.00	465.00
8	10	pc	ID CARD HOLDER, Clear, plastic	3.50	35.00
9	10	pc	ID CLIP, Hook/clamp	3.00	30.00
10	100	pc	LAMINATING FILM, 250 microns, 65x95mm	1.00	100.00
11	7	pack	LAMINATING FILM, Size: A4, 10's	45.00	315.00
12	10	pc	MANILA PAPER, Brown	2.00	20.00
13	45	pc	MARKER, Permanent Pen, Black, broad tip, non-toxic	12.00	540.00
14	31	pc	MARKER, Permanent Pen, Blue, broad tip, non-toxic	12.00	372.00
15	5	pc	PAPER, Cartolina, Assorted colors, 572mm x 724mm (22-1/2' x 28-1/2')	3.50	17.50
16	2	pack	PHOTO PAPER, Premium Grade, 210mm x 297mm (A-4), 15 pcs/pack	75.00	150.00
17	22	box	RUBBER BAND, Small	6.00	132.00
18	2	pc	RULER, 12 (305mm), plastic	3.50	7.00
19	131	pc	SIGN PEN, gel type, Black 0.7	15.40	2,017.40
20	113	pc	SIGN PEN, gel type, Blue 0.7	15.40	1,740.20
21	5	pc	SIGN PEN, gel type, Red 0.7	15.40	77.00
22	11	pc	STAPLER, With remover, HD no.35	225.00	2,475.00
23	3	roll	TAPE, TRANSPARENT, Size: 3	15.00	45.00
					11,452.60
			Less Taxes: 5% VAT	511.28	
			1% EWT	102.26	613.54
			TOTAL AMOUNT		10,839.06

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.
- 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.

Very truly yours,

MIGUEL T. MACALINAO
Division Chief, MSD

Handwritten notes:
 16-043-051
 16-043-051
 16-043-051



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



Certified Budget Available: Funds Available in the amount of: <u>11,432.60</u>		APPROVED:
<u>ERLYN V. ROMAS</u> Fiscal Controller II	<u>FELICIANO O. PASTORPIDE</u> Fiscal Controller IV	<u>EDWIN M. ORINA, M.D.</u> OIC, PRO IVA
With in the COB: <u>2016 COB</u>		
Expense Code: <u>774-10</u>		
Budget: <u>11,452.60</u>		
Remarks: _____		
Conforme:		
<u>Edwin M. Orina</u> <u>4-12-17</u>		
Signature over Printed Name and Position of Authorized Representative / Date of Received		