

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



local shopping

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier:	HANSON SALES CENTER	PO No.	16-045	/
Address:	Quezon Avenue	Date:	15-Apr-16	1
	Lucena City	,		
Tel.Fax No.:	373 1234	Terms of Payment:	on account	•

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

Deparment of Trade and Industry

		*			
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	pc \	BATTERY CHARGER, For Baterry size AA	350.00 \	700.00
2	1	` pc	BATTERY CHARGER, For Baterry size AAA	350.00	350.00
3	2	рс	HARDWARE SUPPLY, Bulb, 2U, 15 watts	80.00	160.00
4	1	set	HARDWARE SUPPLY, Extension Cord, 4-gang, 10meters	350.00	350.00
5	10	pc \	MARDWARE SUPPLY, Screw, hook no.1	2.00	20.00
6	10	pc \	HARDWARE SUPPLY, Screw, hook no.2 \	4.00	40.00
	7				1,620.00
			Less Taxes: 5% VAT	72.32	
			1% EWT	14.46	86.78
				TOTAL AMOUNT	1,533.22

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. 2.
- 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.

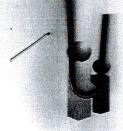
Very truly yours MIGUEL T. MACALINAO Division Chief, MSD

Mode of Procurement:

FISCAL CONTROLLE FISCAL CONTROLLE IV	
With in the COB: 2016 COB	OIC, PRO IVA
Conforme: Signature over Printed Name and Position of Authorized Represer	ntative / Date of Received

PR#





373 7168

Republic of the Philippines

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PhilHealth Regional Office IVA

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www.philhealth.gov.ph region4a@philhealth.gov.ph



NPSV

Mode of Procurement:

Very truly yours,

PURCHASE ORDER OFFICE/DEPARTMENT: MSD-Admin

ALROSE PRINTING SERVICES PO No. 16-047 Supplier: 15-Apr-16 Date: 26 Cabana Cor Allarey St., Address: Lucena City Terms of Payment: on account

Department of Trade Industry Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	500	rearts	Printing of Benefit Payment Notice Form (BPN)	88.00	44,000.00
	1		-back to back printing		
			-A4 size paper (paper is provided by Philhealth IVA)		Charles .
					44,000.00
	i.		Less Taxes: 5% VAT	1,964.29	
			1% EWT	392.86	2,357.15
				TOTAL AMOUNT	41,642.85

Terms & Conditions:

Tel.Fax No.:

Supplier Registered with:

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T. MACALINAO Division Chief, MSD 44 APPROVED: Certified Budget Available: Funds Available in the amount of: FELICIANA O. PASTORPIDE Fiscal Controller Fiscal Controller IV EDWIN M. ORIÑA, M.D. 2016 COB With in the COB: OIC, PRO IVA 863-00 Expense Code: 44,000.00 Budget: Remarks: Conforme: ROSALYN CU ANDS Signature over Printed Name and Position of Authorized Representative / Date Received





