

**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](http://www.philhealth.gov.ph) [region4a@philhealth.gov.ph](mailto:region4a@philhealth.gov.ph)



## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **ALROSE PRINTING SERVICES**  
Address: 26 Cabana Cor Allarey St.,  
Lucena City  
Tel. Fax No.: 373 7168  
Supplier Registered with: Department of Trade Industry

PO No. 16-047  
Date: 15-Apr-16

Terms of Payment: on account  
Mode of Procurement: NPSV

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

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

**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

Certified Budget Available: <u>94/15</u> <b>ERLYN V. ROJAS</b> Fiscal Controller II		Funds Available in the amount of: <u>44,000</u> <b>FELICIANA O. PASTORPIDE</b> Fiscal Controller IV	APPROVED:   <b>EDWIN M. ORINA, M.D.</b> OIC, PRO IVA
With in the COB: <u>2016 COB</u> Expense Code: <u>863-00</u> Budget: <u>44,000.00</u> Remarks: _____			
Conforme:  <b>ROSALYN BARCUANDO</b>			Date Received: <u>04/15/16</u>
Signature over Printed Name and Position of Authorized Representative / Date Received			

*Handwritten notes:*  
 16-047 - 074  
 PM - 04/15/16  
 Ancey Orina