



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

Supplier:

ALROSE PRINTING SERVICES

Address:

26 Cabana St. Corner Allarey St.,
Lucena City

Tel/Fax No.:

373 7168

Supplier Registered with:

Department of Trade and Industry

PO No.

17-024

Date:

23-Feb-17

Terms of Payment:

on account

Mode of Procurement:

NP-SV

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	125	reams	Printing of Benefit Payment Notice Form (BPN)	90.00	11,250.00
			-back to back printing		
			-A4 size paper (paper is provided by Philhealth Regional Office IVA)		
					11,250.00
			Less Taxes: 5% VAT	502.23	
			1% EWT	100.45	602.68
			TOTAL AMOUNT		10,647.32
			Purchase Request No: 2017-038 dated February 23, 2017		

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.
- If the date of receipt of the Purchase Order / PO by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or email.
- Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit at Philhealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
- Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of director or employees, or create the appearance of a conflict of interest.

Very truly yours,

FELICIANA O. PASTORPIDE
OIC, MSD

Certified Budget Available:	Funds Available in the amount of:	11,250.00	APPROVED:
ERIYA V. ROJAS Fiscal Controller II	ARON E. BIANO Fiscal Controller III		
With in the COI:	2017-COB		
Expense Code:	863-00		
Budget:	11,250.00		
Remarks:			
Conforme:			
Signature over Printed Name and Position of Representative		BY: <i>[Signature]</i>	Date: 02-24-2017

RECEIVED
FEB 23 2017