



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office IV-A
 Lucena Grand Central Terminal, Brgy. Ilayang Dapay, Lucena City
 Call Center (04) 441-7447 Contact Number (04) 373-7554
 www.philhealth.gov.ph regional@philhealth.gov.ph



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **CENTURIAN INTERNATIONAL CORPORATION**Address: **305 Saint Martin Subdivision, Iloilo,****Marikina, Bulacan**Tel./Fax No.: **(02) 711 8800 / 234 2329**Supplier Registered with: **Security and Exchange Commission**Terms of Payment: **on account**Mode of Procurement: **local shopping**Please deliver to this office within 15 working days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	241	box	Continuous Forms, 11 x 10-5/8, 3ply, plain, 70 gsm with side perforation, 1000 sets/box	900.00	214,900.00
					214,900.00
			Last Taxes: 6% VAT	9,689.04	
			1% EWT	1,936.61	
			TOTAL AMOUNT		226,525.65
			Purchase Request No: 2017-022 dated February 8, 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 acknowledge 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 of PhilHealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dapay, Lucena City.
- Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
- Defective, incomplete or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a backup unit in case of repair.
- The contracting parties undertake to comply with Office Order No. 0012-2015 entitled Referral 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 judicial entity, whether from the public or private sector, or 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,

FEUCIANA O. PASTORIDE
 OIC, MSD

Certified Budget Available:	Funds Available in the amount of:	214,900.00	APPROVED:
ERLYN V. BOJAS Fiscal Controller	ARON A. NIANO Fiscal Controller III		ALBERTO C. MANDURIAO RVP, PRO IVA
With in the COB:	2017-COB		
Expense Code:	774-10		
Budget:	214,900.00		
Remarks:			
Conforms:	 Signature over Printed Name and Position of Representative		Received Copy of PO Date

RECEIVED
 MAR 14 2017

BY: