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

Supplier: **SUNLIFE BOOKSTORE** PO No. **17-039**
Address: Enriquez St., Date: **1-Mar-17**
Lucena City
Tel.Fax No.: 710 3518 Terms of Payment: on account
Supplier Registered with: Department of Trade and Industry Mode of Procurement: local shopping

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	8	rolls	Adhesive Tape, size 2", double sided without foam	42.00	336.00
2	13	pcs	Dater Machine, Self-inking (received-date)	390.00	5,070.00
3	4	packs	DTR, white (CS Form no. 48)	45.00	180.00
4	9	bottles	Glue, white, 473ml	160.00	1,440.00
5	110	pcs	ID Card holder, clear, plastic	3.00	330.00
6	45	pcs	Marker, permanent pen, blue, broad tip, non toxic	25.00	1,125.00
7	21	pcs	Marker, permanent pen, red, broad tip, non-toxic	25.00	525.00
8	5	packs	Laminating film, size, A4, 10's	75.00	375.00
9	3	packs	Photopaper, premium grade, A4, 15's/pack	70.00	210.00
10	20	pcs	Ring binder, size: 1" x 44", large, plastic, assorted colors	22.00	440.00
11	16	pcs	Stapler, with remover, HD no. 35	225.00	3,600.00
12	18	packs	Sticker paper, A4, 10s/pack	27.00	486.00
13	42	pads	Stick-on note pad, 2" x 2", 51mm x 51mm, 400sheets per pad, assorted colors	160.00	6,720.00
					20,837.00
			Less Taxes: 5% VAT	930.22	
			1% EWT	186.04	1,116.26
				TOTAL AMOUNT	**19,720.74**
			Purchase Request No: 2017-022 dated February 8, 2017		

Terms & Conditions:

1. 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.
2. 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.
3. 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 atleast 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
4. Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
5. 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.
6. 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 directorsor 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:	20,837.00	APPROVED:
ERLYN V. ROJAS Fiscal Controller II	**ARON R. RIANO** Fiscal Controller III		**ALBERTO C. MANDURIAO** RVP, PRO IVA
With in the COB: 2017-COB			
Expense Code: 774-10			
Budget: 20,837.00			
Remarks:			

Conforme: Ma. Ann 3-8-17
Ma. Ann Emradora
Signature over Pinted Name and Position of Representative

Received Copy of PO:

RECEIVED
MAR 1 4 2017
BY: