



PURCHASE ORDER

Supplier: **PHILCOPY CORPORATION**
Address: Abadilla Bldg., Hermana Fausta St. corner Eriquez St., Lucena City
Tel. Fax No.: (042)6606451
Supplier Registered with: DTI

OFFICE/DEPARTMENT: MSD-Admin

PO No. **17-043**

Date: March 6, 2017

Terms of Payment: On account

Mode of Procurement: Direct Contracting

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc.	Primary Feed Unit Low SP	6,148.00	6,148.00
				TOTAL AMOUNT	6,148.00
			Less Taxes: 5% VAT	274.46	
			1% EWT	54.89	329.35
				NET AMOUNT	5,818.65
			Purchase Request No: 2017-044 dated 03/06/2017		

Terms & Conditions:

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 acknowledged 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 Retiteration 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 directors 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:	6,148.00	APPROVED:
ERLYN M. ROJAS Fiscal Controller II	Aron R. Riano Fiscal Controller III		ALBERTO C. MANDURIAO RVP, PRO IVA
With in the COB:	2017-COB		
Expense Code:	842-20		
Budget:	6,148.00		
Remarks:			
Conforme:	<i>ELYN ROJAS</i> <u>PHILCORY CORPORATION</u> 3/9/17	Received Copy of PO:	<u>3/9/17</u>
	Signature over Printed Name and Position of Authorized Representative		Date

RECEIVED

BY: _____