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: **MANICK'S ENTERPRISES**
Address: 27 Lopez Jaena St.,
Tayabas, Quezon
Tel.Fax No.: (02) 714 2499 / 0942 349 5010
Supplier Registered with: Department of Trade and Industry

PO No. 17-0603
Date: 04-10-17
Terms of Payment: on account
Mode of Procurement: NP-SV

Please deliver to this office within 45 working days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	145	~~sets~~	**EMERGENCY KIT BAG** Material: Ballistic Fiber Content of the Kit: -battery powered radio with extra battery -flash light with extra battery -whistle (to signal for help) -utility knife -glove -bandage and band aid -gauze pad -thermometer -surgical tape -cotton -alcohol bottles -bandage scissor -tweezer	450.00	65,250.00
					65,250.00
			Less Taxes: 5% VAT	2,912.95	
			1% EWT	582.59	3,495.54
				TOTAL AMOUNT	**61,754.46**
			Purchase Request No: 2017-053 dated March 13, 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) shal 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	65,250.00	APPROVED:
ERLYN Y. ROJAS Fiscal Controller I	**ARON R. RIANO** Fiscal Controller III		
With in the COB: 2017-COB Expense Code: ~~767.00~~ 759 01 Budget: 65,250.00 Remarks:			**ALBERTO C. MANDURIAO** RVP, PRO IVA
Conforme: Signature over Pinted Name and Position of Representative			Received Copy of PO: 5-3-17 Date

served PO thru email 4/21/17

RECEIVED
MAY 0 5 2017
BY:

pick up - M