



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: **MICROBASE INCORPORATED**
Address: 3rd and 6th Floor, Casmer Building, 195 Salcedo St.,
Legazpi Village, Makati City
Tel/Fax No.: (02) 813 7603 loc 195
Supplier Registered with: Department of Trade and Industry

PO No: **17-072**
Date: **24-Apr-17**

Terms of Payment: **COD**
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	6	cartridge	Toner Cartridge, for HP NFP 725DN, HP 14A, CF214A	11,500.00	69,000.00
2	78	cartridge	Inkjet Cartridge, HP680, Tri-color	395.00	30,810.00
3	80	cartridge	Inkjet Cartridge, HP680, Black	395.00	31,600.00
					131,410.00
			Less Taxes: 5% VAT	5,866.52	
			1% EWT	1,173.30	7,039.82
			TOTAL AMOUNT		124,370.18
			Purchase Request No: 2017-064 dated April 5, 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 atleast 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 Dupay, Lucena City.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of receipt. Supplier shall be required to one-time complete delivery of the goods.
- The agency shall not be held liable for any loss or damage to the goods under the 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.

RECEIVED
NAME: Alfonso
DATE: 5/9/17

Very truly yours,
FELICIANA O. PASTORIDE
OIC, MSD

Certified Budget Available:	Funds Available in the amount of:	131,410.00	APPROVED:
ERLYN KOJAS Fiscal Controller	ARON R. RIANO Fiscal Controller III		ALBERTO C. MANDURIAO BVP, PRO IVA
With in the COB: <u>2017-COB</u>	Expense Code: <u>774-50</u>	Budget: <u>131,410.00</u>	Remarks:
Confirmed: <u>MICHAEL VALENT C. FELINE</u> Signature over Printed Name and Position of Representative			Received Copy of PO: <u>4/24/17</u> Date

teamphilhealth

www.facebook.com/PhilHealth

www.youtube.com/teamphilhealth

actioncenter@philhealth.gov.ph

RECEIVED
MAY 09 2017

BY: