

## 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:	GVL GRAPHICS STUDIOS ENTERPRISES	PO No.	17-091
Address:	Allarey St.,	Date:	5-May-17
	Lucena City		
Tel.Fax No.:	0908 888 0410	Terms of Payment:	on account
Supplier Registered with: Department of Trade and Industry		Mode of Procurement:	NP-SV

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	pcs	Tarpaulin, 2ft x 3ft	72.00	144.00
2	10	pcs *	Tarpaulin, 2.75ft x 6ft	216.00	2,160.00
					2,304.00
		Ţ.	Less Taxes: 3% NVAT	69.12	
			1% EWI	23.04	92.10
				TOTAL AMOUNT	2,211.84
			Purchase Request No:		
			2017-086 dated April 28, 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.
- 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.

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- 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.

			FELICIANA O. PASTO	DRPIDE A
Certified Budget Ayailable:	Funds Available in the amount of:	2,304.00	APPROVED:	
ERLYN ROJAS Fiscol Controlle II	ARON R. RIANO Fiscal Controller III			er en
With in the COB: 2017-COB	]		ALBERTO C. MANDI	
Expense Code: 1 -863-00  Budget: 144.00  Remarks:	767-00		RVP, PRO IVA	<b>沙尼</b> <b>047</b>
Conforme:			Received Copy of PO:	
	CITE 77M		<u> </u>	<b>७</b> ≿
Signature over Pinted Name and Position of Representative			Date	

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