



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **SUNLIFE BOOKSTORE**

Address: Enriquez St., Cor San Fernando St.,
Lucena City

Tel/Fax No.: (042) 710 3518

Supplier Registered with: Department of Trade and Industry

PO No. **17-094**

Date: **8-May-17**

Terms of Payment: on account

Mode of Procurement: local shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	7	pcs	Adhesive Tape, Size 2", double sided without foam	42.00	294.00
2	20	pcs	Adhesive Tape, Size 1" , double sided without foam	20.00	400.00
3	2	pc	Bookends, Steel, big	95.00	190.00
4	13	PC	Dater Machine, Self-inking (Received-date)	350.00	4,550.00
5	1	PC	Flashlight	40.00	40.00
6	100	PC	ID Card Holder, Clear, plastic	3.00	300.00
7	21	PC	Marker, Permanent Pen, Red, broad tip, non-toxic	16.00	336.00
8	46	PC	Marker, Permanent Pen, Blue, broad tip, non-toxic	16.00	736.00
9	73	PC	Marker, Permanent Pen, Black, broad tip, non-toxic	16.00	1,168.00
10	2	PACK	Photo Paper, Premium Grade A4, 15s/pack	70.00	140.00
11	6	PACK	Photo Paper, Glossy A4, 10s/pack	50.00	300.00
12	20	PC	Ring Binder, Size: 1 (1' x 44'), Large, plastic, assorted colors	22.00	440.00
13	33	BOX	Rubber Band, Small	6.50	214.50
14	10	PAIR	Scissor, size: 8", big, stainless steel with plastic handle	35.00	350.00
15	16	PC	Stapler, With remover, HD no.35	90.00	1,440.00
16	18	PACK	Sticker, Paper, A4, 10 pcs/pack	27.00	486.00
17	3	ROLL	Tape, TRANSPARENT, Size: 3 50M	25.00	75.00
					11,459.50
			Less Taxes: 5% VAT	511.58	
			1% EWT	102.32	613.90
			TOTAL AMOUNT		10,845.60
			Purchase Request No: 2017-065 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 acknowledged 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 at least 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.
- Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
- 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.
- 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

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 MAY 11 2017

per memo BY: *adith*



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



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,

FELICIANO O. PASTORIDE
OIC, MSD

Certified Budget Available:	Funds Available in the amount of:	11,459.50	APPROVED:
 ERLVIN 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:	11,459.50		
Remarks:			
Conforme:	 Ma Ann Emradora Signature over Printed Name and Position of Representative	Received Copy of PO:	5-10-17 Date

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By: