

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 Telefax No. 637-3158 637-4735

PURCHASE ORDER

Supplier: **MCSA MARKETING** Purchase Order No.: **06-025-19**
 Address: **G/F Dedisco Bldg. 446 San Fernando St., Binondo, Manila** Date: **June 10, 2019**
 Tel.Fax No.: **241-4217** Term of Payment: **On Account**
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Shopping**

Please deliver to this office within **10 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	122	pc	FILE ORGANIER, with inside pockets and index tabs, assorted colors, A4 Size	129.00	15,738.00
2	130	pc	TRANSPARENCY HOLDER, size A4, refillable cover, opaque plastic, size 310mmx 235mm, thickness 0.5mm pocket trasparent plastic thickness 64mm, no of pockets (20), color, assorted (black, blue, red, yellow)	44.00	5,720.00
3	8	pc	TRANSPARENCY HOLDER, Size Legal, refillable cover, opaque plastic, size 345mmx 235mm, thickness 0.5mm pocket trasparent plastic thickness 64mm, no of pockets (20), color, assorted (black, blue, red, yellow)	48.00	384.00
4	307	box	PAPER CLIP, 32mm, vinyl/plastic coated, assorted colors (100's/box/50g)	8.50	2,609.50
5	213	box	PAPER CLIP, 48mm, vinyl/plastic coated, assorted colors (100's/box) or 120g/box)	20.00	4,260.00
6	417	pc	PAPER CLIP, Bulldog, 76mm (3)	12.00	5,004.00
7	1,070	pc	ENVELOPE EXPANDING, kraft board, min. of 285gsm for short size paper/documents	8.99	9,619.30
					43,334.80
LESS: EWT 1% 386.92 ✓					
GMP 5% 1,934.59 ✓					2,321.51 ✓
					41,013.29
PR #					
19-0090			dtd. 03-07-19 - PRID		
19-0092			dtd. 03-08-19 - PRID		

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
- Delivery Receipt and Sales Invoice shall be required for 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 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.
- Warranty Security of 1% of gross amount. (Section 62, Warranty of 2016 Revised IRR of RA 9184).

Very truly yours,

[Signature]
 ELY E. ROXAS

Administrative Officer III

06-121

Certified Budget Available:	Funds Available in the amount of:	Php43,334.80	APPROVED:
<i>[Signature]</i> THERESE M. JINDOY Fiscal Controller III		<i>[Signature]</i> LILIA ARRIDO Fiscal Controller III	<i>[Signature]</i> JOSEPH O. VERGARA Head, SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB:	2019		
Expense Code:	002030101 / 500000		
Budget:	43,334.80		
Remarks:	ORIGINAL VARIOUS CHECK		
CONFORME:	<i>[Signature]</i> Teresa S. [Name] Signature over Proper Position of authorized representative		Received copy of P.O.: <i>[Signature]</i> June 17, 2019 Date