

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.: 10-085-19  
 Address: G/F Dedisco Bldg. 446 San Fernando St., Binondo, Manila Date: October 22, 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 of the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	20	pc	RING BINDER, Size 1 (1x44) large plastic, assorted colors	27.00	540.00
2	11	pc	RING BINDER, Size 1/2 (1/2x44) small plastic, assorted colors	11.00	121.00
3	47	pc	RING BINDER, Size 3/4 (3/4 x 44) medium plastic, assorted colors	20.00	940.00
4	20	box	RUBBER BAND, small	20.00	400.00
5	67	box	STAPLE WIRE, for Industrial Stapler, moel 23/10	30.00	2,010.00
6	9	box	STAPLE WIRE, for Industrial Stapler, moel 23/17	48.00	432.00
7	155	pc	STAPLE WIRE, for standard Stapler, 26/6 no. 35 (500's/box)	28.00	4,340.00
8	28	pc	MARKER, Metallic Gold, Big	95.00	2,660.00
9	6	pc	MARKER, Metallic Gold, Small	95.00	570.00
10	6	pc	MARKER, Metallic Silver, Big	95.00	570.00
11	27	pc	MARKER, Metallic Silver, Small	95.00	2,565.00
12	470	pc	MARKER, PERMANENT PEN, Black, Broad Tip, Non-Toxic	24.00	11,280.00
13	384	pc	MARKER, PERMANENT PEN, Blue, Broad Tip, Non-Toxic	24.00	9,216.00
14	239	pc	MARKER, PERMANENT PEN, Red, Broad Tip, Non-Toxic	24.00	5,736.00
					<b>41,380.00</b>
LESS: EWT 1% 369.46 -					
GMP 5% 1,847.32 -					2,216.78
					<b>39,163.22</b>
PR # 19-0381 dtd. 08-19-19 - 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 acknowledged 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).

10-548

Very truly yours,

*Joseph O. Vergara*  
**JOSEPH O. VERGARA**

Head, SBAC

Certified Budget Available:	Funds Available in the amount of:	Php41,380.00	APPROVED:
<i>Therese M. Tinoot</i> Therese M. Tinoot Fiscal Controller III	<i>Lilia Garrido</i> LILIA GARRIDO Fiscal Controller III		<i>Dennis S. Mas</i> DENNIS S. MAS, PhD URP Acting EVP & COO, Concurrent SVP-MSS HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2019	Expense Code: 502020001 / 502020010	Budget: P 41,380.00	
Remarks: <i>cancel to various office</i>			

CONFORME:	Received copy of P.O.:
<i>Paul B. Uirzon</i> Signature over Printed Name and Position of authorized representative	<i>10/30/19</i> Date

2000-10252019-6884