

Supplier:

Address:

## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554

yww.philhealth.gov.ph | region4a@philhealth.gov.ph



PO No.

Date:

20-01-009

June 5, 2020

## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

BAN BEE COMMERCIAL CO., INC.

CM Recto Avenue, Brgy. 242 Zone 22,

		Tondo, Mani	la	-	- X
			6 / (02) 244 3742	Terms of Payment:	((()()
Supplie	er Registered	with:	Security and Exchange Commission	Mode of Procurement:	local shopping
	Please delive	r to this office	within 45 days from receipt hereof the following:		
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1050	рс	BALLPOINT PEN Fine point, Black (Wonder)	4.40	4,620
2	1800	рс	BALLPOINT PEN Fine point, Blue (Wonder)	4.40	7,920
3	30	pc	BATTERY for UPS (Panasonic 12V, 7ah)	900.00	27,000
			A CONTRACTOR OF THE CONTRACTOR		39,540
		220002	Less Taxes: 5% VAT	1,765.18	
			1% EWT		2,118
				TOTAL AMOUNT	37,42
			Purchase Request No: 2020-01-021 / 2020-01-022 Date: 16-Mar-20		
Terms 3	c Conditions:				
4. 5.	Property and Si Delivery Receip Detective, inco- delivery. With p The contracting which is deeme any person, gri- such gift is give	upply Unit at Phill of and Sales Invoic impatible or non-co- corovision for a bac g parties undertake d incorporated in oup or association, in in the course of	thrast two (2) days before the delivery. All item(s) shall be delivered and accepted by the health Reynonal Office IV-A, Lucena Grand Central Terminal, Brgy. Hayang Dupay, Lucena Gry. as shall be required to one-time complete delivery of the goods.  compliant of goods as to specification when quoted shall be rejected and returned at the time of the up unit in case of repair.  a to comply with Office Order No. 0018-2015 entitled Reiteration of Philhealth No Gift Policy (Revision 1) to this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where official duties or which in connection with any transaction which may affect the functions of their office or or employees, or create the appearance of a conflict of interest	Very truly yours,	<b>2</b> -
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				OIC, N	151)
MA. H	*.	LEYNIS		EDWIN M. O RVP, PR	
	(X)		ELONEN EI 194 WATE C 1 C		
		nature over Pir	nted Name and Position of Authorized Representative	Dat	e

PhilHealthofficial 🕥 teamphilhealth @actioncenter@philhealth.gov.ph