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
www.philhealth.gov.ph | region4a@philhealth.gov.ph

UNIVERSAL HEALTH CARE

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier:	**347 SCHOOL OFFICE SUPPLIES**	PO No:	**20-01-010**
Address:	347 San Vicente St. cor Tomas Pinpin, Binondo, Manila	Date:	**June 5, 2020**
Tel/Fax No:	(02) 8824-8421 / (02) 8352 1788	Terms of Payment:	COD
Supplier Registered with:	Department of Trade and Industry	Mode of Procurement:	local shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	20	box	PAPER CLIP BACKFOLD, 25mm, (1) all metal, clamping length: 25mm(-1mm), clamping depth: 13mm(min.), thickness of metal: 0.22mm(min.), 12 pcs/box	16.00	320.00
2	2	pc	PENCIL SHARPENER Single cutterhead, one-hole guide, 9-10mm in a diameter, manual, mountable type, with metal clamp	275.00	550.00
3	30	bottle	INK for stamp pad with applicator, color: Black 50 ml	23.00	690.00
4	30	bottle	INK for stamp pad with applicator, color: Blue 50 ml	23.00	690.00
5	20	bottle	INK for stamp pad with applicator, color: Red 50ml	23.00	460.00
6	250	box	RUBBER BAND Small	7.00	1,750.00
					4,460.00
			Less Taxes: 5% VAT	199.11	
			1% EWT	39.82	238.93
				TOTAL AMOUNT	4,221.07
			Purchase Request No: 2020-01-021 / 2020-01-022 Date: 16-Mar-20		

PICK-UP CASH

CANCELLED

Terms & Conditions:

1. 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.
2. If the date of receipt of the Purchase Order (PO) by the dealer is not indicated, it shall be deemed received on the date it was acknowledged [illegible] through fax or email.
3. Delivery of the above items shall be made within the delivery period from Monday to Friday [illegible]. Supplier are advised to inform Procurement Section atleast two (2) days before the delivery. 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.
5. Defective, incompatible or non-compliant of goods as to specifications 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 [illegible] employees, or create the appearance of a conflict of interest.

Very truly yours,

BENJIE A. CUVINAR
OIC, MSD

Certified Budget Available	Funds Available in the amount of	4,460.00	APPROVED:
MA. PAMELA B. LEYNES Fiscal Examiner A	**ARON R. RIANO** Fiscal Controller IV		**EDWIN M. ORIÑA, M.D.** RVP, PRO IVA
With in the COB: 2020 COB Expense Code: 50203[illegible]1001 Budget: 4,[illegible].00 Remarks:			
Conforme: CHERYL LOREMPO / SALES EXECUTIVE Signature over Printed Name and Position of Authorized Representative			Received Copy of PO: JUNE 23, 2020 Date