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: SUNLIFE BOOKSTORE
Address: Enriquez St., Lucena City
Tel/Fax No.: (042) 710 3518
Supplier Registered with: Department of Trade and Industry

PO No. 20-01-012
Date: June 5, 2020
Terms of Payment: on account
Mode of Procurement: local shopping

Please deliver to this office within 45 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	box	ENVELOPE EXPANDING KRAFT board, with smooth surface, size: 380mm x 250mm min. of 285gsm for legal size papers/documents, with string and eyelet, 100 pcs/box	850.00	4,250.00
2	10	box	PAPER CLIP BACKFOLD, 32mm, all metal, clamping length: 32mm(-1mm), clamping depth: 14mm(min.), thickness of metal: 0.30mm(min.), 12 pcs/box	25.00	250.00
3	5	box	PAPER CLIP BACKFOLD, 50mm., all metal, clamping length: 50mm(-1mm), clamping depth: 25mm(min.), thickness of metal: 0.33mm(min.), 12 pcs/box	50.00	250.00
4	20	roll	ADHESIVE TAPE size: 1" double sided without foam	20.00	400.00
5	10	roll	ADHESIVE TAPE size: 2" double sided with foam	51.00	510.00
6	2	tube	BLADE For small cutter (L-200), 10 pcs/tube	13.00	26.00
7	150	pc	ENVELOPE EXPANDING KRAFT board, min. of 285gsm for short size papers/documents	8.00	1,200.00
8	175	box	FASTENER METAL AND PLASTIC combination, 2 peclip, 70MM, 50 sets/box	22.00	3,850.00
9	10	pc	GLUE STICK For Big Glue Gun	8.00	80.00
10	10	pc	GLUE STICK For Small Glue Gun	2.75	27.50
11	10	pack	LAMINATING FILM size: A4, 10s	120.00	1,200.00
12	45	pc	MANILA PAPER 60 gsm, thickness: 0.014mm min, dimension: 1200mm x 900mm min, 10 sheets per sleeve	3.00	135.00
					12,178.50
			Less Taxes: 5% VAT	543.68	
			1% EWT	108.74	652.42
				TOTAL AMOUNT	11,526.08
			Purchase Request No: 2020-01-021 / 2020-01-022 **Date:** 16-Mar-20		

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 day it was acknowledge

to have been received by a representative either through fax or email

3. Delivery of the above item(s) shal be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast 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.
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 specification 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 actions of directors or 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:	12,178.50	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: 5020301001 Budget: 12,178.50 Remarks:			
Conforme: Signature over Pinted Name and Position of Authorized Representative			Received Copy of PO: 6-11-2020 Date