

June 13-17

Incl 6/18



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena General Central Terminal, Brgy. Itayang Dupay, Lucena City
Call Center (02) 8461-7442 Contact Number (042) 373-7554
www.philhealth.gov.ph region4agc@philhealth.gov.ph

**PURCHASE ORDER**

OFFICE OF THE PARTNERSHIP AND MSME ADMINISTRATION

134/1 km

3-15 hours

Supplier: **METRO PAPER CONVERTER PHILS. CORP.**
Address: Macedo Business Park, Stuttgart St. cor Biron St.
Tan Andrew, Cebu, Road
City/Province: 2018 7022
Supplied or Registered with: Security and Exchange Commission

P.O. No. 20-01-018Date June 16, 2020

Terms of Payment: net 30 days
Mode of Procurement: Direct Purchase

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,000	reams	Paper, Multicopy A4, for laser printer; inkjet printer, high speed copier, 210mm x 297mm (A-4), 80 GSM	✓ 142.88	✓ 428,640.00
					428,640.00
			Less Taxes: 5% VAT	19,135.71	
			1% EWT	3,827.14	22,962.85
			TOTAL AMOUNT		405,677.15
			Purchase Request No:	2020-01-021	
			Date:	16-Mar-20	

Terms and Conditions:

- The supplier shall assume responsibility for a 10% penalty of the total value of the purchase order for each day of delay in delivery of goods.
- In the case of delay in the delivery of goods, the supplier shall be liable for the cost of the goods and the cost of the delay.
- Delivery of goods shall be made within the delivery period from the date of the purchase order to the date of delivery.
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Very truly yours,

[Signature]
DENISE A. CUVINAR
OIC, MISD

Contract/Order Number: <i>[Signature]</i> MA. PAMELA B. LEYNER Project Controller IV	Amount payable in the amount of: 428,640.00 ARON R. RIANO Project Controller IV	APPROVED: EDWIN M. MORISA, M.D. RVP, RPO IVA
System of the GC: <u>2020-01-018</u> Expense Code: <u>402-011001</u> Budget: <u>428,640.00</u> Remarks: <u>[Signature]</u> Comments: <u>[Signature]</u> Ryan Manif June 23 2020 Signature over Printed Name and Position of Authorized Representative	Received Copy of PO: _____ Date: _____	



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Go production

PHILHEALTH REGION IVA
Procurement Unit
RECEIVED

JUL 20 2020

ALLAN JEFFREY DATINGUINO
Name & Signature