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: **LUREN ENTERPRISES**
Address: Block 13 Lot 5 Greenfield I Subdivision, Novaliches, Quezon City
Tel Fax No.: (02) 8936 6616
Supplier Registered with: Department of Trade and Industry

PO No.: 20-01-045
Date: August 5, 2020
Terms of Payment: on account
Mode of Procurement: local shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	cart	TONER CARTRIDGE (For existing units of printers) for HP NFP 725DN HP14A, CF214A	8,530.00	34,120.00
2	5	Cart	TONER CARTRIDGE (For Existing units of Printers) for HP79A	2,375.00	11,875.00
3	30	Cart	TONER CARTRIDGE (for existing units of Printers) for HP Laserjet PRO M201n, CF283A, 83A	2,375.00	71,250.00
					117,245.00
			Less Taxes: 3% NVAT	3,517.35	
			1% EWT	1,172.45	4,689.80
				TOTAL AMOUNT	112,555.20
			Purchase Request No: 2020-01-059 / 2020-01-061 **Date:** 9-Jul-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) shall be made within the delivery period from Mondays to Fridays from 10 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 directorate 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: 117,245.00 | APPROVED:

MA. PAMELA B. LEYNES
Fiscal Examiner A

ARON B. RIANO
Fiscal Controller IV

EDWIN N. ORIÑA, M.D.
RVP, PRO IVA

With in the COB	2020 COB
Expense Code	5020301002
Budget	117,245.00
Remarks	

Conforme: RENATO H. DELA FUENTE
Signature over Printed Name and Position of Authorized Representative

Received Copy of PO:
AUG 12 2020
Date