



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **METRO RETAIL STORES GROUP, INC.** PO No. **20-01-047**
 Address: **ML Tagarao St., Brgy III** Date: **7-Aug-20**
Lucena City
 Tel/Fax No.: **09502424528** 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 | 84 | bottles | Alcohol -Isopropyl / Ethyl -68% to 72% -500ml -plastic bottle | 87.50 | 7,350.00 |
| | | | | | 7,350.00 |
| | | | Less Taxes: 5% VAT | 328.13 | |
| | | | 1% EWT | 65.63 | 393.76 |
| | | | TOTAL AMOUNT | | 6,956.24 |
| | | | Purchase Request No: 2020-01-068 | | |
| | | | Date: 28-Jul-20 | | |

Terms & Conditions:

- 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.
- 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.
- Delivery of the above item(s) shall 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.
- Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
- 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.
- 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 director/s or employees, or create the appearance of a conflict of interest.

Very truly yours,

BENJIE A. CUVINAR
 OIC, MSD

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|---|--|-------------------------|---|
| Certified Budget Available: | Funds Available in the amount of: | 7,350.00 | 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: 5 02 03 080 | Budget: 7,350.00 | |
| Remarks: | | | |
| Conforme: | Received Copy of PO: | | |
| Signature over Printed Name and Position of Authorized Representative | | | Date |

