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** PO No. **20-01-049**
Address: Enriquez St. Corner San Fernando St. Date: **August 7, 2020**
Lucena City
Tel.Fax No.: (042) 710 3518 Terms of Payment: on account
Supplier Registered with: Department of Trade and Industry 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	10	roll	ADHESIVE TAPE_size: 1" double sided with foam	23.00	230.00
2	20	roll	ADHESIVE TAPE_size: 1" double sided without foam	20.00	400.00
3	1050	pc	BALLPOINT PEN_Fine point, Black	3.00	3,150.00
4	1800	pc	BALLPOINT PEN_Fine point. Blue	3.00	5,400.00
5	175	box	FASTENER_METAL AND PLASTIC combination. 2 pc-clip. 70MM, 50 sets/box	22.00	3,850.00
6	25	bottle	GLUE_White, 473m1	250.00	6,250.00
7	10	pack	LAMINATING FILM_size: A4, 10s	105.00	1,050.00
8	45	pc	MANILA PAPER_60 gsm, thickness: 0.014mm min, dimension: 1200mm x 900mm min, 10 sheets per sleeve	3.00	135.00
9	60	pc	MARKER_PERMANENT PEN. Black, broad tip, non-toxic	22.00	1,320.00
10	60	pc	MARKER_PERMANENT PEN, Blue, broad tip, non-toxic	22.00	1,320.00
11	30	pc	MARKER_PERMANENT PEN. Red, broad tip. non-toxic	22.00	660.00
12	8	pack	PHOTO PAPER_Glossy A4, 10s/pack	30.00	240.00
13	250	box	RUBBER BAND_Small, atleast 30grams	8.00	2,000.00
14	40	pc	SIGN PEN_0.7, black, gel type	17.00	680.00
15	600	pc	SIGN PEN_0.7, blue, gel type	17.00	10,200.00
					36,885.00
			Less Taxes: 5% VAT	1,646.65	
			1% EWT	329.33	1,975.98
				TOTAL AMOUNT	**34,909.02**
			Purchase Request No: **2020-01-055** **Date:** **7-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) 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 directorsor 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: 36,885.00		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: 5020399000	50203010001		
Budget: 36,885.00			
Remarks:			
Conforme:	Ma. Ann Emvalor Ma. Ann Emvalor Signature over Pinted Name and Position of Authorized Representative		Received Copy of PO: 8/12/2020 Date