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: DAVID-LINK (MANILA) CORPORATION
Address: 2733 Zenaida St., Brgy. Poblacion, Makati City
Tel Fax No.: (02) 8 890 0484 / 8 818 5785
Supplier Registered with:

PO No.: 20-01-054
Date: August 18, 2020
Terms of Payment: COD
Mode of Procurement: NP - Small Value

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	BUNDY CLOCK	5,888.00	5,888.00
			please see attached for specifications		
					5,888.00
			Less Taxes: 5% VAT	262.86	
			1% EWT	52.57	315.43
				TOTAL AMOUNT	5,572.57
			Purchase Request No: 2020-01-043 Date: 5-Jun-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 acknowledged to have been received by a representative, either through fax or email.
3. Delivery of the above items 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 in Philhealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
4. Delivery Receipt and Sales Invoice shall be required to ensure 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 provisions 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: 5,888.00	APPROVED:
MA. PAMELA B. LEYNES Fiscal Examiner A	ARON R. RIANO Fiscal Controller IV	EDWIN M. ORIÑA, M.D. RVP, PRO IVA
Work in the COB: 2020 COB Expense Code: 10605020 Budget: 5,888.00 Remarks:		
Conforme: CESAR M. LUCAS / SALES REPRESENTATIVE Signature over Printed Name and Position of Authorized Representative		Received Copy of PO: SEPT. 01, 2020 Date