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: **ACE HARDWARE PHILIPPINES, INC.**
Address: 2nd Floor, SM City Lucena, Dalahican Road, Lucena City
Tel.Fax No.: (042) 710 5948
Supplier Registered with: Security and Exchange Commission

PO No. **20-01-056**
Date: **24-Aug-20**
Terms of Payment: COD
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	2	units	Wiper, 22"	469.75	939.50
					939.50
			Less Taxes: 5% VAT	41.94	
			1% EWT	8.39	50.33
				TOTAL AMOUNT	**889.17**
			Purchase Request No: 2020-01-069		
			Date: 28-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. 0038-2015 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: 939.50	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:	50203990
Budget:	939.50
Remarks:	

Conforme:

France Joyce P. Romano / Cashier
Signature over Pinted Name and Position of Authorized Representative

Received Copy of PO:

09-02-20
Date

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UNIVERSAL HEALTH CARE

CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)

Cost Center	ADMIN	ROF#:	2020-0234	08/26/2020
		CAF#:	2020-0234	08/26/2020

Particulars	Account Code (to be filled out by Budget)	Amount
PROCUREMENT OF 2 UNITS OF WIPER, 22"	50203990	₱939.50
Payee: ACE HARDWARE PHILS. INC.		
Reference: 20-01-056		
TOTAL		₱939.50

REQUESTED BY	FUNDS AVAILABLE	CERTIFICATION
Certifed: Charges to budget necessary, lawful and under my direct supervision	Certifed: Budget available and earmarked for the purpose, as indicated above	Certifed: Funds available for disbursement herein described; in the amount specified
Signature:	Signature:	Signature:
Printed Name: Joseph Adrian R. Rejano	Printed Name: Ma. Pamela B. Leynes	Printed Name: Aron R. Riano
Position: AO III	Position: Budget Officer - Designate	Position: Fiscal Controller IV
Office: ADMIN	Office: MSD-FMS	Office: MSD-FMS
Date:	Date:	Date:
Remarks:	Remarks:	Remarks:

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ABSTRACT OF QUOTATIONS

(as supporting document to PO and JO)

QTY	UNIT	ITEM DESCRIPTION	METRO RETAIL STORES GROUP, INC.		HANSON SALES CENTER		ACE HARDWARE PHILIPPINES INC.		ROBINSON'S HANDYMAN INC.		MILLENIUM TIRE CHECK CENTER	
			UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
80	pcs	Flourescent Tube, 36watts	**59.95**	**4,796.00**	85.00	6,800.00	79.75	6,380.00	89.75	7,180.00		
2	units	Wiper, 22"					**469.75**	**939.50**	470.00	940.00	600.00	1,200.00

PR No./ Requesting Unit: ***2020-01-069 / MSD ADMIN***
Recommending award to: ***VARIOUS SUPPLIERS***
Reason for award: ***LCRB***
Delivery Period: ***30 DAYS***

Warranty: ***NOT STATED***
Price Validity: ***NOT STATED***
Terms of Payment: ***COD***
Other info: ***none***

Prepared by:	*Recommended by:*	*Approved by:*
ALLAN JEFFREY F. DATINGUINOO Clerk III	**JOSEPH LAURIAN R. REJANO** OIC, Administrative Services Section	**BENJIE A. CUVINAR** OIC, MSD

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A

PURCHASE REQUEST (PR)

PhilHealth Regional Office IV-A

Department / Office :	PRO IV-A	PR No. :	2020-01-069
Division :	ASS	Date :	July 28, 2020

Item No.	Unit	Item Description	Qty	Estimated Unit Cost	Estimated Total Cost
1	PCS	Hardware Supply_Flourescent Tube	80	75.88	6,070.00
2	PCS	Hardware Supply_Ballast, for Flourescent Tube 36/40watts	5	150.00	750.00
3	unit	Auto Supply,Wiper, 22"	2	629.00	1,258.00
		NOTHING FOLLOWS	-		
		C.O.B. / Trust: 2020 COB Expense Code: 50203990 Charge to: MSD-Admin Budget Limit: 8,078.00 Signature: [signature] MA. PAMELA B. LEYNES			
				Grand Total	8,078.00

We certify that the items and corresponding amount listed above are based on the CY 2020 COB and within the approved 2020 app. All items requested under this PR SHALL NOT, hereinafter, be available for realignment, unless cancelled within the prescribed period.

PURPOSE:	***PROCUREMENT OF OTHER SUPPLIES AND MATERIALS***		
	Prepared By:	Recommended By:	Approved By:
Signature :	[signature]	[signature]	[signature]
Printed Name :	ARLON J. BABLES	JOSEPH ADRIAN R. REJANO	BENJIE A. CUVINAR
Designation :	CLERK II	AO III	OIC, MSD
Date :			

VERNALYN G. CLEMEÑA
Clerk III
Date: 7/28/2020 8:49 am

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APPROVED BUDGET FOR THE CONTRACT (ABC)
PROCUREMENT OF OTHER SUPPLIES AND MATERIALS
within PRO IVA

ABC No. 2020-065
Date: 7/20/2020

Contract Duration: CY 2020

ITEM NO. (a)	DESCRIPTION (b)	QTY (c)	UNIT (d)	CURRENT MARKET PRICE (e)	No. Of Days/Nights (If Applicable) (f)	Sub-Total (g)=[(c) (e) (f)]	5% Contingency for Price Escalation (h)=[(g) (5%)]	TOTAL COST (i) =(g)+(h)
1	Hardware Supply_Flourescent Tube	80	pc	75.8750		6,070.00		6,070.00
2	Hardware Supply_Ballast, for Flourescent Tube 36/40watts	5	pc	150.00		750.00		750.00
3	Auto Supply,Wiper, 22"	2	unit	629.00		1,258.00		1,258.00
TOTAL								**8,078.00**

Prepared by:

JOSEPH ADRIAN R. REJANO
AO III

Certified Funded in COB

ARON R. RIANO
Head, FMS

Recommended by:

BENJIE A. CUVINAR
OIC, MSD

Approved:

EDWIN M. ORIÑA, M.D.
RVP, PRO IVA