



## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **ABENSON VENTURES INC.**  
 Address: 2dn Floor, Pacific Mall, Brgy III  
 Lucena City  
 Tel.Fax No.: (042) 717 6757  
 Supplier Registered with: Security and Exchange Commission

PO No. **20-01-064**  
 Date: **September 10, 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	3	units	<b>REFRIGERATOR</b> -atleast 6cu ft, single door, semi-automatic - frost system, moist balance crisper, low voltage stability	12,995.00	38,985.00
			-Brand Name/Model: LG GR Y201SL2B, 6cu ft.		
			-Delivery Charge:	300.00	300.00
					39,285.00
			Less Taxes: 5% VAT	1,753.79	
			1% EWT	350.76	2,104.55
			<b>TOTAL AMOUNT</b>		<b>37,180.45</b>
			Purchase Request No: 2020-01-083		
			Date: 25-Aug-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 I) 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/sor 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:	39,285.00	APPROVED:
 <b>MA. PAMELA B. LEYNES</b> Fiscal Examiner A	 <b>ARON R. RIANO</b> Fiscal Controller IV		 <b>EDWIN M. ORIÑA, M.D.</b> RVP, PRO IVA
With in the COB: 2020 COB Expense Code: 10605020 Budget: 39,285.00 Remarks:			
Conforme:	 Signature over Pined Name and Position of Authorized Representative	Received Copy of PO: 9/17/20 Date	





Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IV-A  
Lucena Grand Central Terminal, Brgy. Bayang Dapay, Lucena City  
Call Center (02) 8441-7442 Contact Number (042) 373-7344  
www.philhealth.gov.ph region4a@philhealth.gov.ph



PURCHASE REQUEST (PR)		
PhilHealth Regional Office IV-A		
Department / Office :	PRO IV-A	PR No. : 2020-01-083
Division :	ASS	Date : August 25, 2020

Item No.	Unit	Item Description	Qty	Estimated Unit Cost	Estimated Total Cost
1	unit	Refrigerator, at least 6.0 cu. Ft., Single door, inverter, semi-automatic frost, moist balance crisper, low voltage stability	3	20,405.00	61,215.00
*** NOTHING FOLLOWS***					
		C.O.B. / Trust:	2020 COB		
		Expense Code:	10605020		
		Charge to:	MSD-Admin		
		Budget Limit:	61,215.00		
		Signature			
			MA. PAMELA B. LEYNES		
				Grand Total	61,215.00

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 Various Appliances			
	Prepared By:	Recommended By:	Approved By:
Signature:			
Printed Name:	ARLON A. BABLES	JOSEPH ADRIAN R. REJANO	BENJIE A. CUYINAR
Designation:	CLERK III	WO III	OIC, MSD
Date:			

VERNALYN CLEMEN  
Date: 8/25/2020 8:30am





Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
PhilHealth Regional Office IV-A  
Lucena Grand Central Terminal, Brgy. Bayang Dupay, Lucena City  
Call Center: (02) 844 1-1442 Contract Number: 04233737504  
[www.philhealth.gov.ph](http://www.philhealth.gov.ph) [rapoval@philhealth.gov.ph](mailto:rapoval@philhealth.gov.ph)



APPROVED BUDGET FOR THE CONTRACT (ABC)  
Procurement of Various Appliances  
within PRO IVA

Contract Duration: CY 2020

ABC No.  
Date:

2020-087  
8/24/2020

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	Refrigerator, at least 6.0 cu. Ft., Single door, inverter, semi-automatic frost, moist balance crisper, low voltage stability	3	UNIT	14,169.75				42,509.25
TOTAL								42,509.25

Prepared by:

JOSEPH ADRIAN R. REJANO  
AO II

Certified Funded in COB

ARON R. RIANO  
Head, FMS

Recommended by:

BENJIE A. CUVINAR  
OIC, MSD

Approved:

EDWIN M. ORINA, M.D.  
RVP, PRO IVA







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[www.philhealth.gov.ph](http://www.philhealth.gov.ph) | [region4a@philhealth.gov.ph](mailto:region4a@philhealth.gov.ph)



UNIVERSAL HEALTH CARE  
A COMMITMENT TO PROTECT AND PROMOTE

CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)				
Cost Center	ADMIN	ROF#:	2020-0246	09/14/2020
		CAF#:	2020-0246	09/14/2020
Particulars			Account Code (to be filled out by Budget)	Amount
Procurement of Refrigerator, atleast 6cu ft., single. Semi-automatic frost system, moist balance crsipen, low voltage stability			10605020	₱38,985.00
Payee: ABENSON VENTURES INC.				
Reference: PO No. 20-01-064				
TOTAL				₱38,985.00
REQUESTED BY		FUNDS AVAILABLE		CERTIFICATION
Certified: Charges to budget necessary, lawful and under my direct supervision		Certified: Budget available and earmarked for the purpose, as indicated above		Certified: 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: 9/15		Date:		Date:
Remarks:		Remarks:		Remarks:

