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

PURCHASE ORDER

GOB, GO PARTMENT MSD Admin

Supplier: **347 SCHOOL OFFICE SUPPLIES**
Address: 347 San Vicente St. cor Tomas Pinpin
Binondo, Manila
T. I.N No.: 202-886254 8421 / 202-8352 1786
Supplier Registered with: Department of Trade and Industry

PO No.: **20-01-068**
Date: **September 15, 2020**
Terms of Payment: COD
Mode of Procurement: local shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	50	packs	BATTERY, Dry Cell, 1.5volts, premium/ultra/super alkaline/alkaline, no mercury and cadmium, size AA, 2pcs/blister/pack	32.00	1,600.00
					1,600.00
			Less Taxes 5% VAT	71.43	
			1% EWT	14.29	85.72
				TOTAL AMOUNT	**1,514.28**
			Purchase Request No: 2020-01-021 **Date: 16-Mar-20**		

Terms & Conditions:

1. The goods shall impose equivalent to 1.0% [illegible] of the total value of the unsatisfactory [illegible] for each day of delay [illegible] Liquidated Damages.
2. [illegible] receipt of this Purchase Order [illegible] shall be deemed accepted [illegible]
3. [illegible] through [illegible]
4. [illegible] Supplies are allowed [illegible] Supplies and Supply Unit of PhilHealth's Regional Office IVA, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
5. Delivery, Storage and Sales Invoice shall be covered by complete delivery of the goods.
6. Delivery, incomplete or non-compliance of goods [illegible] shall be rejected and returned at the time of delivery. With provision for a back-up in case of return.
7. The concerning parties undertake to comply with Office Order No. [illegible] issued by PhilHealth No Gift Policy, that is to [illegible] in connection with this Contract. No PhilHealth personnel shall solicit, extend, [illegible] any gift from [illegible] which may affect the functions of their office or [illegible] compliance or violate the implemented [illegible] of [illegible]

Very truly yours,

BENJIE A. CUVINAR
OIC, MSD

Certified Budget Available	Funds available in the amount of	1,600.00	APPROVED
MA. PAMELA B. LEYNES Budget Examiner A	**ARON R. RIANO** Fiscal Controller IV		**EDWIN M. ORIÑA, M.D.** RVP, PRO IVA
Modes of Payment: 2020 COB Expense Code: 5020301004 Dollar: 1,600.00 Peso:			
Conforme: CHERYL TORREMPO Signature over Printed Name and Position of Authorized Representative			Received Copy of PO: OCTOBER 17, 2020 Date