



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **ALROSE PRINTING SERVICES**
 Address: 26 Cabana Corner Allarey St., Brgy. 3,
Lucena City
 Tel.Fax No.: (042) 373 7168
 Supplier Registered with: Department of Trade and Industry

PO No. **20-01-070**
 Date: **September 28, 2020**

Terms of Payment: on account
 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	3,000	pcs	UHC POSTERS -please see attached sheet for technical specifications	14.00	42,000.00
					42,000.00
			Less Taxes: 5% VAT	1,875.00	
			1% EWT	375.00	2,250.00
			TOTAL AMOUNT		39,750.00
			Purchase Request No:	2020-01-087	
			Date:	16-Sep-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 acknowledged 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 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: 42,000.00	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: 5029901002 Budget: 42,000.00 Remarks:		
Conforme:	Received Copy of PO: Date: 10/07/20	
Signature over Pinned Name and Position of Authorized Representative		

