*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 | regional4a@philhealth.gov.ph

UNIVERSAL HEALTH CARE

# PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **ALLCARD PLASTICS PHILS., INC.**
Address: No. 45 7th Avenue, Brgy Socorro
Cubao, Quezon City
Tel/Fax No.: (02) 291 0863
Supplier Registered with: Security and Exchange Commission

PO No.: 20-01-072
Date: September 30, 2020
Terms of Payment: COD
Mode of Procurement: Direct Contracting

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

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|---|---|---|---|---|
| 1 | 1 | Cart | TONER CARTRIDGE (For Existing units of Printers)_for ID Badge. EVOLIS PRIMACY DUPLEX CARD | 3,800.00 | 3,800.00 |
| | | | | | 3,800.00 |
| | | | Less Taxes: 5% VAT | 169.64 | |
| | | | 1% EWT | 33.93 | 203.57 |
| | | | | TOTAL AMOUNT | 3,596.43 |
| | | | **Purchase Request No: 2020-01-060**<br>**Date: 9-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 as have been received by a representative either through fax or email.
3. 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 one (1) 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 substantiate complete delivery of the goods.
5. Defective, unacceptable or non-compliant of goods as to specifications when ignored 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. 0008-2019 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 any time 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:

MA. PAMELA B. LEYNES
Fiscal Examiner A

Funds Available in the amount of: 3,800.00

ARON R. RIANO
Fiscal Controller IV

| | |
|---|---|
| With or the COB | 2020 COB |
| Expense Code | 50203010002 |
| Budget | 3,800.00 |
| Remarks | |

APPROVED:

EDWIN M. ORIÑA, M.D.
RVP, PRO IVA

Conforme:

RIZA RAMOS

Signature over Printed Name and Position of Authorized Representative

Received Copy of PO:

Nov 11, 2020

Date