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	AVECILLA TRADING	PO No.	20-01-079
Address	Block 25 Lot 19, St Jude, Bacoor Cavite	Date	October 19, 2020
Tel Fax No.	(02) 7501 7861 / 8788 5617	Terms of Payment	on account
Supplier Registered with:	Department of Trade and Industry	Mode of Procurement	Emergency Proc.

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
1	14	sets	FOOT BATH 1. Type: disinfecting footbath with durable rubber dirt mat, any color with heavy duty plastic tray or stainless steel tray 2. size: at least 17" x 30"		1,474.00	20,636.00
						20,636.00
			Less Taxes: 5% VAT		921.25	
			1% EWT		184.25	1,105.50
					TOTAL AMOUNT	19,530.50
			Purchase Request No: Date:	2020-01-058 9-Jul-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 required 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 MA. PAMELA B. LEYNES Fiscal Examiner A	ARON R. RIANO Fiscal Controller IV	Funds Available in the amount of 20,636.00	APPROVED: ARLAN M. GRANALI ARVP, PRO IVA
Source of the Fund: 2020 COB Expense Code: 50203080 Amount: 20,636.00 Remarks:			
Conforme: ELLY C AVECILLA Signature over Printed Name and Position of Authorized Representative			Received Copy of PO Date