

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Bry. Ilayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: Address: Tel.Fax No.: Supplier Registere		GVL GRAPHIC STUDIOS ENTERPRISES #30 Allarey St. cor Barcelona St., Brgy 1 Lucena City (042) 322 0215			PO No. Date: Terms of Payment:	on account							
										Department of Trade and Industry	-1	Mode of Procurement:	NF-Sittaii Value
										within 30 days from receipt hereof the for			
							NO.	QTY	UNIT	ITEM DESCR	IPTION	UNIT PRICE	TOTAL AMOUNT
1	2,850	pcs	UHC ECO BAG		63.00	179,550.00							
			Specifications: Materials: Non-woven polypropylen. Color: White (bag); White (Strap); De-Full Color; Text Color:- Green and Size: Thickness — 75 GSM; Capacity kgs; Bag — 12" (W) x 16" (H) x 3"(B); Strap — 17" (W) x 1.5" (H) Printing: DOH Logo — Formula 11—1.5" (H); DOH logo — 1.5" (H) Full Color; Program Logo — DOH, 11 Full Color; Program Logo — POH, 12 PHILHEALTH logo Process: Heat Press	esign Color Black 2 —1 — 8 Plus logo									
				Less Taxes: 3% NVAT	5,386.50	179,550.00							
				1% EWT	1,795.50	7,182.00							
					TOTAL AMOUNT	172,368.00							
			Purchase Request No:	2020-01-091/93									
	Conditions:		Date:	24-Sep-20									
2. In 13. E 14. E 15. E 16. I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a have been re belivery of the o inform Proces Property and Si Delivery Receip Defective, incor- lelivery. With p The contracting which is deeme my person, gro- uich gift is give	ceipt of the Purch ceived by a represe above item(s) shall attenent Section at toply Unit at Philh at and Sales Invoice mpatible or non-ce receivision for a back go parties undertake d incorporated into up or association, on in the course of	ase Order / PO by the dealer is not indicated, it shall be de intarive either through fax or email. be made within the delivery period from Mondays to Frida- least two (2) days before the delivery. All item(s) shall be di- east two (2) days before the delivery. All item(s) shall be di- east two (2) days before the Alicensa Grand Central Termina- shall be required to one-time complete delivery of the go- rupliant of goods as to specification when quoted shall be- cup unit in case of repair. to comply with Office Order No. 0018-2015 entitled Reite to this Contract. No Phillicalth personnel shall solicit, dema- or junicial entity, whether from the public or private sector official duties or which in connection with any transaction or employees, or create the appearance of a conflict of inten-	ays 8am to 5pm. Supplier are advised elivered and accepted by the al. Brgy. Hayang Dupay, Lucena City. ids. rejected and returned at the time of tration of Philhealth No Gift Policy (Revision I nd, or accept, directly or indirectly, any gift from, at anytime, on or off the work premises where which may affect the functions of their office of the work premises where which may affect the functions of their office of the supplier.	m r								
10	offuence the ac	tions of directorso	r employees, or create the appearance of a conflict of inten	est.	Very truly yours. BENJIE A. OIC.	CUVINAR							

Fiscal Examiner A

With in the COB: 2020 COB Expense Code: 5029901002 Budger: 179,550.00 Remarks: Conforme:

Signature over Pined Name and Position of Authorized Representative

Received Copy of PO: W 9/2020 Date

Phill-lealthofficial Coteamphilhealth actioncenter@philhealth.gov.ph