Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
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:	**LUCKY BOOK STORE**	PO No.	20-01-083
Address:	Quezon Avenue Lucena City	Date:	22-Oct-20
Tel Fax No.:	(042) 710 4268 / 5588	Terms of Payment:	on account
Supplier Registered with:	Department of Trade and Industry	Mode of Procurement:	local shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	250	reams	Paper, Multicopy, 8.5 x 13	188.00	47,000.00
			-intended application: for laser/inkjet printer, highspeed copier size: 8.5 x 13 (216mm x 330mm) Basis weight: 80gsm Thickness: 0.09mm min Packaging: 500sheets per ream, each ream shall be packed using kraft or coated uncoated paper; and five (5) reams per box		
					47,000.00
			Less Taxes: 5% VAT	2,098.21	
			1% EWT	419.64	2,517.85
			TOTAL AMOUNT		**44,482.15**
			Purchase Request No: 2020-01-101 **Date:** 13-Oct-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 to 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 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.
4. Delivery Receipt and Sales Invoice shall be required in one-time complete delivery of the goods.
5. 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.
6. 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 when such gift is given in the course of offical 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 47,000.00 **ARON R. RIANO** Fiscal Controller IV	APPROVED: **ARLAN M. GRANAL** VP, PRO IVA
With in the COB: 2020-COB Expense Code: 5020301001 Budget: 47,000.00 Remarks:		
Conforme:	RETNA ANISTA Signature over Printed Name and Position of Authorized Representative	Received Copy of PO: Date