



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

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

PO No. **20-01-097**
 Date: **16-Nov-20**
 Terms of Payment: on account
 Mode of Procurement: NP-SV

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	180,000	pcs	PhilHealth Flyers	1.15	207,000.00
			Specifications:		
			Size: 210 x 297 mm (A4) Pages: 2 side printing/ 2 folds, 3 panels Process and Color: Offset printing, Full color (CMYK) Paper Stock: Book # 60 Packaging: Deliveries shall be packed 1,000 pcs. per package. Each package shall contain 1 sample brochure outside the packaging for inspection Delivery Period: 30 days upon approval of sample Contract Duration: Purchase Order (PO) shall be valid until December 15, 2020 only. PhilHealth has the right to terminate the PO if the supplier fails to comply / deliver within the specified delivery date. Once the contract duration expires, including any time extension duly granted, and the contractor refuses or fails to satisfactorily complete the delivery, the Procuring Entity shall impose upon the contractor in default liquidated damages. Others: Sample for approval shall be submitted within 7 days upon receipt of design from the end-user. If there will be changes/ adjustment, sample shall be submitted within 7 days for approval. A letter of sample approval will be sent by the end-user to the winning supplier.		
					207,000.00
			Less Taxes: 5% VAT	9,241.07	
			1% EWT	1,848.21	11,089.28
			TOTAL AMOUNT		195,910.72
			Purchase Request No: 2020-01-106		
			Date: 27-Oct-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 acknowledge 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





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy. Hayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph



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:	207,000.00	APPROVED:
 MA. PAMELA B. LEYNES Fiscal Examiner A	 ARON R. RIANO Fiscal Controller IV		 ARLAN M. GRANALI ARVP, PRO IVA
With in the COB:	2020-COB		
Expense Code:	5029901002		
Budget:	207,000.00		
Remarks:			
Conforme:	 Signature over Printed Name and Position of Authorized Representative	Received Copy of PO:	 Date

