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: **BEST SHOT PRINTING**
Address: 109 Kamias Road
Quezon City
Tel/Fax No.: 0905 269 0825
Supplier Registered with: Department of Trade and Industry

PO No. 20-01-098
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	1,400	pcs	**Corporate Calendar 2021**		164.00	229,600.00
			SPECIFICATIONS:			
			Size	22 x 34 inches		
			Stock	Bookpaper 80 lbs.		
			Color	Full Color — CMYK, one side print (all pages)		
			No. of leaves	13 only (including cover page)		
			Process	Offset Printing (final layout to be provided by client)		
			Binding	Wire-O with metal hanger (18 inches) all WHITE color with Chipboard 30 backing of 2 inches (22 inches' x 2 inches)		
			Packaging	20 pcs. Per bundle, wrapped in Kraft Paper		
			Delivery Period:	On or Before December 10, 2020		
			Contract Duration:	Purchase Order (PO) shall be valid until December 10, 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:	Design will be sent to supplier upon receipt of PO. Sample for approval shall be submitted within 7 days upon receipt of design from the end-user and another 7 days for the necessary adjustment / re-submission of sample for approval. A letter of sample approval will be sent by the end-user to the winning supplier before proceeding with the mass production.		
						229,600.00
				Less Taxes: 5% VAT	10,250.00	
				1% EWT	2,050.00	12,300.00
					TOTAL AMOUNT	217,300.00
			Purchase Request No:	2020-01-107		
			Date:	27-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

RECEIVED BY: CHRISTA BERE

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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) shal 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 to 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 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 directorate 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:	229,600.00	APPROVED:
MA. PAMELA B. LEYNES Fiscal Examiner A	**ARON R. RIANO** Fiscal Controller IV		**ALLAN M. GRANALI** ARVP, PRO IVA
With in the COB: 2020-COB Paperno Code: 5029901002 Budget: 229,600.00 Remarks:			
Conforme: CHRISTA DERE Signature over Printed Name and Position of Authorized Representative			Received Copy of PO: NOV. 27, 2020 Date