



## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **METRO RETAIL STORES GROUP INC.** PO No. **20-01-100**  
 Address: ML Tagarao St., Brgy III Date: **17-Nov-20**  
Lucena City  
 Tel/Fax No.: (042) 373 1092 Terms of Payment: COD  
 Supplier Registered with: Security and Exchange Commission Mode of Procurement: local shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	328	bars	<b>HAND SOAP (SafeGuard)</b>	16.50	5,412.00
			-Bar Soap / 60g		
					5,412.00
			Less Taxes: 5% VAT	241.61	
			1% EWT	48.32	289.93
			<b>TOTAL AMOUNT</b>		<b>5,122.07</b>
			<b>Purchase Request No:</b>	<b>2020-01-103</b>	
			<b>Date:</b>	<b>19-Oct-20</b>	

**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 at least 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 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:	5,412.00	APPROVED:
 <b>MA. PAMELA B. LEYNES</b> Fiscal Examiner A	 <b>ARON R. RIANO</b> Fiscal Controller IV		 <b>ARLAN M. GRANALI</b> ARVP, PRO IVA
With in the COB: <u>2020-COB</u> Expense Code: <u>5 02 03 080</u> Budget: <u>5,412.00</u> Remarks:			
Conforme:	 <b>REMEDIO M. NUYDA</b> Signature over Printed Name and Position of Authorized Representative		Received Copy of PO:  Date

