



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy. Mayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region-4a@philhealth.gov.ph



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **PHILCOPY CORPORATION**
Address: Hermana Fausta St.,
Lucena City
Tel./Fax No.: (042) 660 6451
Supplier Registered with: Department of Trade and Industry

PO No. 20-01-102
Date: November 26, 2020

Terms of Payment: on account
Mode of Procurement: direct contracting

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	ctdg	MAINTENANCE KIT, MK-3134 (FS 4100DN)	18,500.00	55,500.00
					55,500.00
			Less Taxes: 5% VAT	2,477.68	
			1% EWT	495.54	2,973.22
			TOTAL AMOUNT		52,526.78
			Purchase Request No: <u>2020-01-020</u>		
			Date: <u>16-Mar-20</u>		

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 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. Mayang Dupay, Lucena City.
- Delivery Receipt and Sales Invoice shall be required in one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as in 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 Retention 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:	55,500.00	APPROVED:
<u>MA. PAMELA B. LEYNES</u> Fiscal Examiner A	<u>ARON R. RIANO</u> Fiscal Controller IV		<u>ARON M. GRANALI</u> ARVP, PRO IVA
With in the COB: <u>2020 COB</u>	Expense Code: <u>50203010012</u>	Budget: <u>55,500.00</u>	Remarks:
Conforme:			Received Copy of PO:
<u>CARLOS GARCIA</u> Signature over Printed Name and Position of Authorized Representative			<u>12/10/20</u> Date





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 | region-4a@philhealth.gov.ph



Notice to Proceed

December 3, 2020

MR. ALLAN ARENAS

Branch Manager
Philcopy Corporation
Abadilla Bldg. Hermana Fausta St.
near Cor. Enriquez Sts.
Lucena City

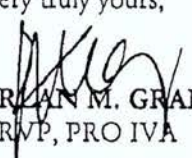
Dear Mr. Arenas:

The attached Purchase Order no. 20-01-102 having been approved, notice is hereby given to Philcopy Corporation, that the contract for supply and delivery of IT supplies for PRO IVA shall commence on December 7, 2020.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule stated in the Contract.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to PhilHealth Region IVA.

Very truly yours,


ARLAN M. GRANALI
ARVP, PRO IVA

I acknowledge receipt of this Notice on 12/10/20

Name of the Representative of the Bidder: JOY W. CACILAN

Authorize Signature: 

