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: MAKATI MICROSHOP
Address: Unit G25 Valero Plaza, 124 Valero St., Salcedo Village, Makati City
Tel.Fax No.: (02) 8817 9353
Supplier Registered with: Security and Exchange Commission

PO No.: 20-01-109
Date: December 10, 2020
Terms of Payment: COD
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	36	crdg	RIBBON FOR EPSON LQ2180/LQ2190, 24PINS	830.00	29,880.00
					29,880.00
			Less Taxes: 5% VAT	1,333.93	
			1% EWT	266.79	1,600.72
				TOTAL AMOUNT	28,279.28
			Purchase Request No: 2020-01-065 Date: 23-Jul-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) 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 offical duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directorsor 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 With in the COB: 2020 COB Expense Code: 5020301002 Budget: 29,880.00 Remarks:	Funds Available in the amount of 29,880.00 ARON R. RIANO Fiscal Controller IV	APPROVED: ALLAN M. GRANALI ARVP, PRO IVA
Conforme: Signature over Pinted Name and Position of Authorized Representative		Received Copy of PO Date

PHILIPPINE HEALTH INSURANCE CORPORATION

PURCHASE ORDER

[illegible]

Supplier:	[illegible] MICROCHIP [illegible]	P.O. No.: [illegible]
		Date: December [illegible], 2020

[illegible]	[illegible]	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
			[illegible]	[illegible]	[illegible]
			[illegible]	[illegible]	[illegible]
				TOTAL AMOUNT	[illegible]
			Purchase Request No. 2020-[illegible] Date: [illegible]		

[illegible]

[illegible] COTINEZ

[illegible] GRANA[illegible]

R/16/20