



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office IVA
 Lucena Grand Central Terminal, Brgy. Bayang Dupay, Lucena City
 Call Center (042) 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: **HANSON SALES CENTER** PO No: **20-01-116**
 Address: **Quezon Avenue** Date: **22-Dec-20**
Lucena City
 Tel/Fax No.: **(042) 373 1234** Terms of Payment: **on account**
 Supplier Registered with: **Department of Trade and Industry** Mode of Procurement: **NP-SV**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	pcs	CABLE ORGANIZER	600.00	3,600.00
			-Cover included		
			-Heat resistant PVC		
			-Easy to cut		
			-pre-drilled holes		
					3,600.00
			Less Taxes: 5% VAT	160.71	
			1% EWT	32.14	192.85
			TOTAL AMOUNT		3,407.15
			Purchase Request No: 2020-01-119		
			Date: 1-Dec-20		

Terms & Conditions:

- The agency shall, upon execution of this Purchase Order, deliver the goods to the designated office of the agency within the specified time frame.
- In the absence of the agency, the Purchase Order shall be delivered to the designated office of the agency, which shall be deemed received by the designated office.
- Delivery of the goods shall be made within the delivery period of 30 days from the date of issuance of the Purchase Order. The agency shall be responsible for any delay in delivery.
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Very truly yours,

BENJIE A. CUVINAR
 OIC, MSD

Checked by: MA. PAMELA B. LEYNES Fiscal Examiner V When the COB: 2020-01-19 Expense Code: 5020301100 Budget: 0.00 Remarks:	Checked by: ARON R. RIANO Fiscal Controller IV	APPROVED: AKLAN M. GRANAL ARVP, PRO IV A
Confirmed: JOEL ALCOREZA Signature over Printed Name and Position of Authorized Representative		Received Copy of PO: DEC 29 2020 Date

