Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
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**	PO No.	**20-01-117**
Address:	Unit G25, Valero Plaza, 124 Valero St., Salcedo Village Makati City	Date:	**22-Dec-20**
Tel Fax No.:	(042) 710 4268 / 5588	Terms of Payment:	COD
Supplier Registered with:	Department of Trade and Industry	Mode of Procurement:	local shopping

Please deliver to this office within 45 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	32	CTDG	TONER CARTRIDGE, LASERJET, HP 202A BLACK	3,450.00	110,400.00
2	30	CTDG	TONER CARTRIDGE, LASERJET, HP 202A CYAN	4,050.00	121,500.00
3	30	CTDG	TONER CARTRIDGE, LASERJET, HP 202A MAGENTA	4,050.00	121,500.00
4	30	CTDG	TONER CARTRIDGE, LASERJET, HP 202A YELLOW	4,050.00	121,500.00
5	70	CTDG	INK CARTRIDGE, FOR HP F6V26AA (HP 680) BLACK FOR HP PRINTER 2135/3635/3835/4535	500.00	35,000.00
6	64	CTDG	INK CARTRIDGE, FOR HP F6V26AA (HP 680) TRI-COLOR FOR HP PRINTER 2135/3635/3835/4536	500.00	32,000.00
7	55	CTDG	UPS BATTERY, 12V 7AH	800.00	44,000.00
					585,900.00
			Less Taxes: 5% VAT	26,156.25	
			1% EWT	5,231.25	31,387.50
				TOTAL AMOUNT	**554,512.50**
			Purchase Request No: **2020-01-117** **Date:** **26-Nov-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 acknowledged to have been received by a representative either through fax or email.
3. 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 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 spotted shall be rejected and returned at the time of delivery. With provision for a backup 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 in 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
Chief, MSD

Certified Budget Available MA. PAMELA G. LEYNES Fiscal Examiner A Within the COB: 2020 COB Expense Code: 5020301002 Budget: 585,900.00 Remarks:	Funds Available in the amount of 585,900.00 12/28 ARON R. RIANO Fiscal Controller IV	APPROVED: ALAN M. GRANALI ARVP, PRO IV-A
Conforme: Signature over Printed Name and Position of Authorized Representative		Received Copy of PO: Date

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PURCHASE ORDER

Supplier	**MAKATI MICROSHOP**	PO No.	20-01-117
Address	Unit 1-25, Valero Plaza, 124 Valero St., Salcedo Village, Makati City	Date	22-Dec-20
Tel./Fax No.	02 710-4208	Terms of Payment	COD
Supplier Registered with	Department of Trade and Industry	Mode of Procurement	local shopping

Please deliver to this office within 35 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	32	CTDG	TONER CARTRIDGE, LASERJET, HP 202A BLACK	3,450.00	110,400.00
2	30	CTDG	TONER CARTRIDGE, LASERJET, HP 202A CYAN	4,050.00	121,500.00
3	30	CTDG	TONER CARTRIDGE, LASERJET, HP 202A MAGENTA	4,050.00	121,500.00
4	30	CTDG	TONER CARTRIDGE, LASERJET, HP 202A YELLOW	4,050.00	121,500.00
5	70	CTDG	INK CARTRIDGE, FOR HP F6V26AA, HP 680 BLACK FOR HP PRINTER 2135, 3635, 3835, 4535	500.00	35,000.00
6	64	CTDG	INK CARTRIDGE, FOR HP F6V26AA, HP 680 TRI-COLOR FOR HP PRINTER 2135, 3635, 3835, 4536	500.00	32,000.00
7	55	CTDG	UPS BATTERY 12V 7AH	800.00	44,000.00
					585,900.00
			Less: Taxes 5% VAT	26,156.25	
			1% EWT	5,231.25	31,387.50
				TOTAL AMOUNT	554,512.50
			Purchase Request No: 2020-01-117 Date: 26-Nov-20		

Very truly yours,

BENJIE A. CUVINAR

Chief, MSD

MA. PAMELA G. LEYNES Fiscal Examiner	12/20 **ARON R. RIANO** Fiscal Controller	APPROVED: **ALAN M. GRANALI** ARVP, PRO IV-A
	12/29/2020	Received Copy of PO
	Signature over Printed Name and Position of Authorized Representative	Date