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: **LUREN ENTERPRISES** PO No. **20-01-118**
Address: Profugo St., Lucena City Date: **22-Dec-20**
Tel/Fax No.: (042) 795 3825 Terms of Payment: on account
Supplier Registered with: Department of Trade and Industry Mode of Procurement: local shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	CTDG	TONER CARTRIDGE FOR HP CE390A (HP 90A), BLACK, FOR HP LASERJET PRINTERM4555 MFP/M601DN/M601N/M602DN/M602N/ M602X/M603DN/M603N/M603XH	8,750.00	87,500.00
					87,500.00
			Less Taxes: 3% NVAT	2,625.00	
			1% EWT	875.00	3,500.00
				TOTAL AMOUNT	84,000.00
			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 items shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Suppliers 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 in 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 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,

[illegible] A. CUVINAR
Chief, MSD

Certified Budget Available:

MA. PAMELA B. LEYNES
Fiscal Examiner A

With in the COB:	2020-COB
Expense Code:	5020301002
Budget:	87,500.00
Remarks:	

Funds Available in the amount of: 87,500.00

ARONE R. RIANO
Fiscal Controller IV

APPROVED:

A[illegible]N M. GRANADA
ARVP, PRO IV-A

Conforme:

RENATO H. DELA FUENTE
Signature over Printed Name and Position of Authorized Representative

Received Copy of PO:
DEC 29 2020
Date