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:	METRO RETAIL STORES GROUP INC.	PO No.	20-01-128
Address:	ML Tagarao St., Brgy. III, Lucena City	Date:	28-Dec-20
Tel/Fax No.:	(042) 373 1092	Terms of Payment:	COD
Supplier Registered with:	Security and Exchange Commission	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	780	bottles	ETHYL ALCOHOL	80.00	62,400.00
			-500ml with moizturizer, 70% solution		
					62,400.00
			Less Taxes: 5% VAT	2,785.71	
			1% EWT	557.14	3,342.85
				TOTAL AMOUNT	59,057.15
			Purchase Request No: 2020-01-109 Date: 27-Oct-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 of PhilHealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
4. Delivery Receipt and Sales Invoice shall be required upon complete delivery of the goods.
5. Defective, incompatible or non compliant goods as to specification when quoted shall be rejected and returned at the time of delivery [illegible]
6. [illegible] Order No. [illegible] 2015 entitled Reiteration of PhilHealth No Gift Policy [illegible] shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or [illegible] whether in the public or private sector [illegible] at the work premises where such gift is given in the course of official duties or when it may [illegible] with any transaction which may affect the functions of their office or [illegible] the appearance of a conflict of interest.

Very truly yours,

BENJIE A. CUYINAR
Chief, MSD

Certified Budget Available: MA. PAMELA B. LEYNES Fiscal Examiner A With in the COB: 2020-COB Expense Code: 5 02 03 080 Budget: 62,400.00 Remarks:	Funds Available in the amount of: 62,400.00 ARON R. RIÑO Fiscal Controller IV	APPROVED: ARLAN M. GRANALI RVP, PRO IV-A
Conforme: REMEDIOS M. [illegible] Signature over Printed Name and Position of Authorized Representative		Received Copy of PO: 12-29-2020 Date