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: **SUNLIFE BOOKSTORE** PO No. 20-01-136
Address: Enriquez Cor San Fernando St., Date: 29-Dec-20
Lucena City
Tel/Fax No. (042) 710 3518 Terms of Payment: on account
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	1,200	reams	Paper, Multicopy, A4 Size	170.00	204,000.00
			-intended application: for laser/inkjet printer, highspeed copier size: A4 (210mm x 297mm) Basis weight: 80gsm Packaging: 500sheets per ream, each ream shall be packed using kraft or coated uncoated paper; and five (5) reams per box		
					204,000.00
			Less Taxes: 5% NVAT	9,107.14	
			1% EWT	1,821.43	10,928.57
				TOTAL AMOUNT	193,071.43
			Purchase Request No: 2020-01-136 **Date:** 22-Dec-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. In the day of receipt of this Purchase Order / PO by the dealer is not indicated, it shall be deemed received on the date we can include to have been received by a representative, after the eight (8) days period.
3. Delivery of the above item/s shall be made within the delivery period from Mondays to Fridays 8am to 4pm, supplier in advised to inform Procurement Section at least two (2) days before the delivery. All items shall be delivered and accepted by the Property and Supply Unit of PhilHealth Regional Office IVA Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
4. Delivery Receipt and Sales Invoice shall be required for the full and complete delivery of the goods.
5. Defective, unserviceable or otherwise unpleasant goods or unsatisfactory services rendered shall be rejected and returned at the time of delivery. With provision for a backup unit or service repair.
6. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration of PhilHealth's 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, in or out of the work premises where such gift is given in the course of official duties or which is connected with any transaction which may affect the functions of their office or influence the actions or directions of employees, or create the appearance of a conflict of interest.

Very truly yours,

BENJIE A. CUVINAR
Chief, MSD

Certified Budget Available	Funds Available in the amount of	204,000.00
MA. PAMELA B. LEYNES Fiscal Examiner A	**ARON B. BIANO** Fiscal Controller IV	APPROVED: **ARLAN M. GRANALI** ARVP, PRO IVA

Within the COB	2020-COB
Expense Code	5020301001
Budget	204,000.00
Remarks	

Conforme:

Mar Ann 12-29-20

Signature over Printed Name and Position of Authorized Representative

Received Copy of PO:

Date