REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

					PURCHAS	SE ORDER				
Supplier Address								Purchase Order No.: _	PO-2021-008	
Address Mercedes Business Park Stuffgard St., San Andres Cainta, Rizal Tel.Fax No. 87978-7858								Date: _ Term of Payment:	June 18, 2021 On Account	
Supplier Registered with: Security and Exchange Commission (SEC Certificate Number : CS201012424) Mode of Procurem										
Gentlemen:	Name dab e									
				, supplies, or i			ject to the ter	ms and conditions conta		
Mease	e deliver to th	is office wit	nin		10 w	vorking days		from receipt	hereof the following	3
NO.	QTY	UNIT		ITEM DESCRIPTION						TOTAL
1	5,780	reams	PAPER, MULTICOPY, A4 for Laser Printer/Inkjet printer, high speed, cooler, 210mm x 297mm (A-4), 80 GSM						PRICE 137.15	792,727.00
			6							
										792,727.0
					LESS:	EWT	1%	7,077.92		
						GMP	5%	35,389,60	-	42,467.5
			P.R. No./ Requesting U	Jnit:						750,259.4
			21-0041 dtd. 05-18-21							
		Total Amount in Words: Seven Hundred Fifty Thousand Two Hundred								
Pasig City. 4. Delivery Re 5. Defective, I 6. The contrat PhilHealth per on or off the war premises whe employees, or 7. In all cases	eceipt and Sale neompatible or cting parties ur resonnel shall so work premises or re such gift is or re reate the ap	is Invoice share non-compliant dertake to collicit, deman where such given in the copearance of cor extension	all be required for one-time ant of goods as to specific comply with Office order No d, or accept, directly or inc jift is given in the course o course of official duties or va a conflict of interest.	e complete delly ation when quo b. 0018-2015 en directly, any gift of official duties which in connec	wery of the goo ted shall be rej stilled (Reiterat from any person or which in con ction with any t	(s) shall be del ds. lected and retu ion of PhilHeal on, group or a nection with a ransaction whi	rned at the time th No Gift Polic sociation, or jur y transaction f th may affect th	nt Section at least two (2) of spled by the PSMD at 15th at 15	for a back-up unit in or med incorporated into the public or private so ctor, at anytime, on or influence the actions	tystate Ctr. Bldg., case of repair. o this Contract. No ector, at anytime, r off the work. s of directors or
as stated in th	ie original cont	raci.	66 <u>i</u>				y truly yours,		ERGARA DPh. \/	
									SBAC DPh.	
Certified Budget /	111		Funds Available in the amount	MARIA /	maxi	2,727.00 (4/3) (GSINO	APPF	ROVED:	. TULIAO	
Within the COB: Expense Code: Budget: Remarks:	20	2021 120301001 2,727.1		- (a	•			Senior Mar HEAD OF T or Authorized	HE AGENCY	
CONFORME:	_	FRICE	+ MAE ORF	NATI			Rece	elved copy of P.O.:	14 14 202	u
		VI-IM	28322344		A NORTH AND STREET	4022		Date	111	