

REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation  
709 CityState Center Bldg.  
Shaw Blvd. Brgy. Oranbo, Pasig City  
Telefax No. 637-3158 637-4735

PURCHASE ORDER

Supplier ALRV TRADING  
Address # 4 David Santos St., San Agustin, Malabon City  
Tel.Fax No. 0906-282-0886 - inah0327villacorte@gmail.com  
Supplier Registered with: Department of Trade and Industry (DTI) Certificate Number : C04750688 as per Certificate of PhiGEPS Registration

Purchase Order No.: PO-2021-024  
Date: June 30, 2021  
Term of Payment: On Account  
Mode of Procurement: Shopping - Section 52.1 (b)

Gentlemen:  
Please deliver the following article(s), product(s), supplies, or materials listed below, subject to the terms and conditions contained herein:

Please deliver to this office within 7 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	8	set	DRUM KIT, BROTHER FAX MACHINE, Model: DR2025, FAX 2820/2890/2920, HL2040/2070N, MFC7220/7420/7820N	2,850.00	22,800.00
2	35	set	DRUM KIT, BROTHER FAX MACHINE, MFC 7470D, DR2255 (compatible with Brother Printer HL-2240D, HL-2250DN, HL2270DW, MFC 7360, MFC-7470D, MFC0-7860DW, Fax-2840	2,500.00	87,500.00
3	18	ca	DRUM KIT, BROTHER FAX MACHINE, Model: MFC-L2700D, DR2355	2,500.00	45,000.00
4	24	ca	TONER CARTRIDGE, BROTHER FAX MACHINE, Model: 2820, HL-2040/2070N/DCP-7010/MFC-	2,500.00	60,000.00
					215,300.00
LESS: EWT 1% 1,922.32					
GMP 5% 9,611.61					11,533.93
P.R. No./ Requesting Unit: 21-0040 dtd. 05-07-21 - PRID					203,766.07
Total Amount in Words : Two Hundred Three Thousand Seven Hundred Sixty Six and 07/100 Pesos Only					

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 of one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail.
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform SBAC-Contract Management Team at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 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 incase of repair.
- 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.
- In all cases, the request for extension should be submitted before the lapse of the original delivery date. The maximum allowable extension shall not be longer than the initial delivery period as stated in the original contract.

Very truly yours,

JOSEPH O. VERGARA DPh.  
Head, SBAC

Certified Budget Available:	Funds Available in the amount of:	215,300.00	APPROVED:
EDITHA O. RAMASTA Fiscal Controller IV	ROMMEL C. REYES Fiscal Controller III		LOLITA V. TULIAO Senior Manager, PRID HEAD OF THE AGENCY or Authorized Representative
Within the COB: 64 9021	Expense Code: 5020301001 (Office Supplies)		
Budget: # 215,300	Remarks: Charged to Various Offices		
CONFORME:	Signature over Printed Name and Position of authorized representative	Received copy of P.O.:	Date
			July 29, 2021