

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

PURCHASE ORDER OFFICE/DEPARTMENT: MSD-Admin

Supplier: Address:		NATIONAL PRINTING OFFICE EDSA Cor Nia North Road, Diliman			PO No.	2021-04-003 1-Mar-21
					Date:	
		Quezon City				NA 200 M. P.
Tel.Fax No.: Supplier Register		(02) 8 925 2197 red with: Department of Trade and Industry			Terms of Payment:	COD Agency to Agency
					Mode of Procurement:	
	Please deliv	er to this office	within 30 days from receipt he	reof the following:		
NO.	QTY	UNIT	ITEM	1 DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	600	pcs	GENERAL LEDGER, ACCOUNTING FORM NO APPENDIX 5	0. 77,	2.10	1,260.0
						1,260.0
					TOTAL AMOUNT	1 260 0
				2021 04 042	TOTAL AMOUNT	1,260.0
			Purchase Request No: Date:	2021-01-012 8-Feb-21		
	Conditions:					
	as liquidated d	STATE THE STATE STATE STATE	nt to 1/10 of 1 percent of the total value of the u	ndenvered order for each day of delay		
		te of receipt of the Purchase Order / PO by the dealer is not indicated, it shall be deemed received on the day it was acknowledge			dedge	
		ve been received by a representative either through fax or email.			CMAL PRIMITIVE	OFF
.3.	Delivery of the	of receipt of the Purchase Order / PO by the dealer is not indicated, it shall be deemed received on the day it was acknowledge en received by a representative either through fax or email. If the above item(s) shal be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised Procurement Section atleast two (2) days before the delivery. All item(s) shall be delivered and accepted by the				
						100
			t at Philhealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy, Ilayang Dupay, Lucena City.			
Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the c				NATION AND TO THE TO THE TO THE TO THE TO THE TO THE TOTAL THE TOT	MILIT T . T	
	Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of			RAM DATE:	of DEG.	
		With provision for a back-up unit in case of repair. acting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration of Philhealth No Gift Policy (Revision I)				101.
			to this Contract. No Philhealth personnel shall so			
				rivate sector, at anytime, on or off the work premise		
				ransaction which may affect the functions of their o		
9	influence the a	ctions of directors	or employees, or create the appearance of a confl	net of interest.		
					Very truly yours,	
					very truly yourts,	70
					DISMIE A	CLIMINIAD
					BENJIE A.	
					Chief,	MSD
	Budget Availa		Funds Available in the a	mount of: 1,260.00	APPROVED:	
MA P	MELLE	LEYNES	ARON R PIANO		9,	
	Examiner A	J. LLLITTE	Fiscal Controller IV		Thu	110
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With in t	the COB:	2021-CO	В		ARLAN M.	GRANILI
Expense		502030100			ARVP, P	ROIVA
Budget:		1,260.0			,,	
Remarks	ė.				1	
0.0						
Confo	rme:	LETHELYN C, SAMOSA			Received Copy of PO:	
		Chief, &			3/17	por
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			Representative		-	
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