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: **MGCB MARKETING**
Address: Merchan St.,
Lucena City
Tel/Fax No.: 09190978584
Supplier Registered with: Department of Trade and Industry

PO No.: 2021-04-026
Date: May 28, 2021
Terms of Payment: ON ACCOUNT
Mode of Procurement: NP-SV

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	UNIT	MEDICAL SUPPLIES, ULTRAVIOLET GERMICIDAL LIGHT	3,000.00	3,000.00
					3,000.00
			Less Taxes: 1% NVAT	30.00	
			1% EWT	30.00	60.00
				TOTAL AMOUNT	2,940.00
			Purchase Request No: 2021-01-043		
			Date: 5-Apr-21		

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 items shall be made within the delivery period from Monday to Friday 8am to 5pm. Supplier are 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 Custodian Philhealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
4. Delivery Receipt and Sales Invoice shall be required to one time complete delivery of the goods.
5. 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 in case of repair.
6. 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.

Very truly yours,

BENJIE A. CUVINAR
Chief, MSD

Certified Budget Available:

MA. PAMELA B. LEYNES
Fiscal Examiner A

Funds Available in the amount of: 3,000.00

ARON R. RIANO
Fiscal Controller IV

APPROVED:

ARLAN M. GRANALI
ARVP, PRO IV-A

Within the COB: 2021 COB
Expense Code: 50203000
Budget: 3,000.00
Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

Received Copy of PO

6/3/21
Date