

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office 1VA

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:		CHQ TRADING			PO No. 2021-04-042	
		Quezon Avenue Lucena City			Date	July 15, 2021
Tel.Fa	x No.: er Registered	d with: Department of Trade and Industry				: ON ACCOUNT :: NP-SV
			within 30 days from receipt hereof the following:		Mode of Procurement	NP-5V
NO.		1	T		LINUT DDICE	TOTAL AMOUNT
NO.	QTY	UNIT	ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
1	1	unit	SPHYGMOMANOMETER STAND ALONE; BP Aneroid Sphymo with wheels, unique, low reflection, high contrast scale and red pointer to increase visibility and reduce parallax error, diecast aluminum 5-wheel base (20" dia.) with 2" hooded casters and 2lb cast iron.		13,870.00	13,870.00
			-Brand: BAXTEL			
						13,870.00
			Less Taxo	es: 5% VAT	619.20	
				1% EWT	123.84	743.04
					TOTAL AMOUNT	<u> </u>
			Purchase Request No: 2021-0	1-32		
			Date: 2-Mar	•		
4. 5. 6.	Property and Su Delivery Receip Defective, incor- delivery. With p The contracting which is deemed any person, grot such gift is give	pply Unit at Philher and Sales Invoice apatible or non-co- rovision for a back parties undertake I incorporated into ap or association, co- n in the course of co-	east two (2) days before the delivery. All item(s) shall be delivered and accepted by the ealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Bavang Dupax, Luc- shall be required to one-time complete delivery of the groots. mpliant of goods as to specification when quoted shall be rejected and returned at the support of goods as to specification when quoted shall be rejected and returned at the support of goods as to specification when quoted shall be rejected and returned at the support of goods as to specification when quoted shall solicit, demand, or accept, directly or ind this Contract. No Philhoalth personned shall solicit, demand, or accept, directly or ind try jurisdical entity, whether from the public or private sector, at anytime, on or off the vi- oritical duries or which in connection with any transaction which may affect the function remployees, or create the appearance of a conflict of interest.	time of t Policy (Revision freetly, any gett fro york premises whe	m re	
						L. CUVINAR f, MSD
Certified	Budget Availal	ole:	Funds Available in the amount of: 1	3,870.00	APPROVED:	
Fiscal	AMEL B. Examiner A	LEYNES 2021 COB	ARON R. RIANO Fiscal Controller IV		ALLAN M	I. GRANALIV
Expense Budger: Remarks		1 06 05 110 13,870.00			ARVP,	PRO IVA
Confo	rme:		HIRW M MAGSIZIO		Received Copy of PO: $07/2$	E /2/
	-	Signature ov	er Pinted Name and Position of Authorized Representative		. 1	Pate /