



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: **CITIHardware GENSAN INC.**
 Address: Maharlika Highway, Ilayang Iyam
Lucena City
 Tel/Fax No.: _____
 Supplier Registered with: Department of Trade and Industry
 PO No. 2021-04-045
 Date: July 15, 2021
 Terms of Payment: COD
 Mode of Procurement: SHOPPING

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	30	pcs	LED BULB, 18watts, 220 V, White (E27)	210.00	6,300.00
					6,300.00
			Less Taxes: 5% VAT	281.25	
			1% EWT	56.25	337.50
			TOTAL AMOUNT		5,962.50
			Purchase Request No: <u>2021-01-045</u>		
			Date: <u>12-Apr-21</u>		

Terms & Conditions:

- 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.
- 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 acknowledge to have been received by a representative either through fax or email.
- Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit 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 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 in case of repair.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Retention 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:	Funds Available in the amount of: <u>6,300.00</u>	APPROVED:
MA. PAMELA B. LEYNES Fiscal Examiner A	 ARON R. RIANO Fiscal Controller IV	 ARILAN M. GRANADA RVP, PRO IVA
With in the COB: <u>2021 COB</u>	Expense Code: <u>50203990</u>	
Budget: <u>6,300.00</u>	Remarks:	
Conforme: <u>Baby Kopia Mariano</u> Signature of the Pinned Name and Position of Authorized Representative	Received Copy of PO: <u>7/23/21</u> Date	

