

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: | | Diversion Road, | | | PO No. 2021-04-047 Date: July 15, 2021 | |
|--|---|---|---|----------------------|---|--------------|
| | | | | | | |
| | | Tel.Fax No.: Supplier Registere | | (042) 710 7122 | | |
| d with: Security and Exchange Commission | | | | Mode of Procurement: | SHOPPING | |
| | Please deliv | er to this office | within 30 days from receipt hereof the following: | | | |
| NO. | QTY | UNIT | ITEM DESCRIPTION | | UNIT PRICE | TOTAL AMOUNT |
| 1 | 1 | pc | AUTO SUPPLY BATTERY, for Motor | | 5,400.00 | 5,400.00 |
| | | | Vehicle, 3SMF 12V | | | 7 400 00 |
| | | | Lace | Taxes: 5% VAT | 241.07 | 5,400.00 |
| | | | Less | | | \ |
| | | | | 1% EWT | 48.21 | 289.28 |
| | | | | | TOTAL AMOUNT | 5,110.72 |
| | | | 1 | 21-01-045 -Apr-21 | | |
| Terms & | Conditions: | | | | | |
| 5. 1 6 | Defective, inco lelivery. With The contraction which is deem inv person, gro such gift is give | apt and Sales Invoice shall be required to one-time complete delivery of the goods. ompatible or non-compliant of goods at to specification when quoted shall be rejected and returned at the time of provision for a back-up unit in case of repair. Ag parties underrake to comply with Office Order No. 0018-2015 entitled Reiteration of Philhealth No Gift Policy (Revision 1) and incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from outp or association, or jundical entity, whether from the public or private sector, at anytime, on or off the work premises where even in the course of official duties or which in connection with any transaction which may affect the functions of their office or actions of directorsor employees, or create the appearance of a conflict of interest. Very truly yours, | | | | |
| | | | | | BENTIE A. | CUVINIAD |
| | | | | - | Chief, | |
| Certified | Budget Avails | able: | Funds Available in the amount of | 5,400.00 | APPROVED: | |
| MA. P Fiscal I With in t Expense Budget: Remarks: | AME AB Examiner A he COB: Code: | LEYNES | ARON R. RIANO Fiscal Controller IV | | ARIJANA RVD, P. | NAN PO IVA |
| Confor | me: | JA | enay Falus | i | Received Copy of PO: 7/28 | 121 |
| - | | Signature ov | ver Pinted Name and Position of Authorized | _ | Da | te |
| | , | ENTIFIE | Representative | | | ŀ |

PhilHealthofficial teamphilhealth actioncenter philhealth.gov.ph