

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



Very truly yours

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

| Supplier: | | ACE HARDWARE PHILIPINES INC. 2nd Floor, SM City, Dalahican Road | | | PO No Date: | 2021-04-048 July 15, 2021 | |
|------------------------------------|--|---|---|--------------------------|---|------------------------------|---|
| | | | | | | | |
| | | Lucena City | | | _ | | |
| Tel.Fax No.: Supplier Registere | | (042) 710 5948 ed with: Department of Trade and Industry | | | Terms of Payment: Mode of Procurement: | COD 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 | 3 | pcs | HARDWARE SUPPLY WATER HOSE, flexible tube (standard size) | | 129.75 | 389.25 |) |
| | | | | | | 389.25 | |
| | | | L | ess Taxes: 5% VAT | 17.38 | | |
| | | <u> </u> | | 1% EWT | 3.48 | 20.86 | |
| | | | | , | TOTAL AMOUNT | 368.39 | > |
| | | | Purchase Request No: Date: | 2021-01-049 26-Apr-21 | | | • |
| Terms & | & Conditions: | | | • | | | |
| 1. | The agency sha | ll impose equivalen | t to 1/10 of 1 percent of the total value of the undelivered order for each | day of delay | | | |
| as liquidated damages. | | | | | | | |
| | | | | | | | |
| | to have been received by a representative either through fax or cmail. | | | | | | |
| | Delivery of the above item(s) shal be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised | | | | | | |
| | | | east two (2) days before the delivery. All item(s) shall be delivered and acc | | | | |
| | | | ealth 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. | | | | | | |

- 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 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 directorsor employees, or create the appearance of a conflict of interest.

BENJIE A. CUVINAR Chief, MSD Funds Available in the amount of: 389.25 APPROVED: MA. PAMELA B. LEYNES ARON R. RIANO Fiscal Examiner A Fiscal Controller IV 2021 COB With in the COB: Expense Code: 50203990 389.25 Budget: Remarks: Received Copy of PO: Conforme: Jeane Kryhsna 7728 Signature over Pinted Name and Position of Authorized Representative