



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office IVA
 Lucena Grand Central Terminal, Brgy. Hayang 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: **LUCKY BOOKSTORE**

PO No. **2021-04-053**

Address: **Quezon Avenue**

Date: **July 29, 2021**

City: **Lucena City**

Tel/Fax No.: **(042) 710 5588**

Terms of Payment: **ON ACCOUNT**

Supplier Registered with: **Department of Trade and Industry**

Mode of Procurement: **SHOPPING**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3108	ream	PAPER MULTICOPY, A4, for laser printer/ink-jet printer, high speed, copier, 210mm x 297 mm (A4), 80 gsm.	169.00	525,252.00
2	30	packet	BATTERY Dry Cell, 1.5 volts, Premium/Ultra/Super Alkaline/Alkaline/, size AAA, No Mercury and Cadmium Added, 2pcs/blister pack	37.00	1,110.00
3	5	pc	STAMP PAID FELT 60 MM x 100 MM, metal case	23.00	115.00
4	2	pc	PENCIL SHARPENER Single cutterhead, one-hole guide, 9-10mm in a diameter, manual, mountable type, with metal clamp	250.00	500.00
5	6	pc	SCISSOR size: 8", big, stainless steel with plastic handle	30.00	180.00
6	250	pc	DATA FILE FOLDER with finger ring and clear plastic pocket for labels, material: chipboard (2mm thick) leatherette paper and/or polypropylene (PP) material made of linen design for outside cover, coated paper for inside cover including spine portion, size: 75mm x 230mm x 380mm (3" x 9" x 15"), assorted colors: Red, Green, Blue and Maroon	85.00	21,250.00
7	30	book	RECORD BOOK 300 pages, 215mm x 275mm, 55gsm., Smythe sewn, w/ 'Official Record Book' printing	125.00	3,750.00
8	150	roll	TAPE TRANSPARENT, Size: 1 (24mm) 50M	13.00	1,950.00
9	4	box	ENVELOPE for A4 size documents, kraft, 229mm x 324mm, min. weight of 150gsm, 500 pcs/box	490.00	1,960.00
					556,067.00
			Less Taxes: 5% VAT	24,824.42	
			1% FWT	4,964.88	29,789.30
			TOTAL AMOUNT		526,277.70
			Purchase Request No:	2021-01-063	
			Date:	16-Jun-21	

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 per





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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 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.
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 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 director 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:	556,067.00	APPROVED:
 MA. PAMELA B. LEYNES Fiscal Examiner A	 ARON R. RIANO Fiscal Controller IV		 ARLAN M. GRANALI ARVP, PRO IVA
With in the COB:	2021 COB		
Expense Code:	5020301001		
Budget:	556,067.00		
Remarks:			
Conforme:	 Arneliza M. Sandoz Signature over Printed Name and Position of Authorized Representative	Received Copy of PO:	 8-4-2021 Date

