



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: **ALROSE PRINTING SERVICES**

Address: Cabana St Corner Allarey St.,

Lucena City

Tel/Fax No.: (042) 373 7168

Supplier Registered Department of Trade and Industry

PO No. **2021-04-069**

Date: **August 31, 2021**

Terms of Payment: **ON ACCOUNT**

Mode of Procurement: **NP-SV**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1000	reams	PMRF (Paper A4 size, 52gsm, newsprint, back to back, delivered in package of 10reams/bundle)	173.00	173,000.00
2	200	reams	Health Declaration Form, Paper A4 size, 52gsm newsprint, single sided only, delivered in package of 10reams/bundle	170.00	34,000.00
3	200	reams	Re-Issuance Form, Paper A4 size, 210mm x 297mm, 52gsm newsprint, single sided only, delivered in package of 10reams/bundle	170.00	34,000.00
4	600	reams	PPPS, Newsprint, 52gsm, A4 size, 1 sided only, delivered in package of 10reams/bundle	165.00	99,000.00
					340,000.00
			Less Taxes: 5% VAT	15,178.57	
			1% EWT	3,035.71	18,214.28
			TOTAL AMOUNT		321,785.72
			Purchase Request No: 2021-01-088		
			Date: 26-Jul-21		

Terms & Conditions:

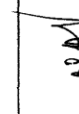
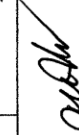
- The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- If the date of receipt of the Purchase Order / PO by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been 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 at least 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, uncomparable 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.



PhilHealthofficial teamphilhealth actioncenter@philhealth.gov.ph

MATRIX OF CANVASS
for Approved Budget for the Contract

Project Name : Procurement of Forms
Original ABC/COB : P/400,000.00
End-User/Implementing Unit : Field Operations Division

Technical Specifications	ALROSE PRINTING SERVICES		BEST SHOT PRINTING		RURALITE ENTERPRISES	
	Completed Y/N	Amount	Completed Y/N	Amount	Completed Y/N	Amount
a. PMRF: Paper A4 Size, 52 gm (New Print), Back to Back, delivered in package of 10 per bundle	YES	1st Semester 2021 170/ream x 500 = 85,000.00 2nd Semester 2021 173/ream x 500 = 86,500.00 Total = 171,500.00	NO	1st Semester 2021 227/ream x 500 = 113,500.00 2nd Semester 2021 227/ream x 500 = 113,500.00 Total = 227,000.00	NO	1st Semester 2021 315/ream x 500 = 157,500.00 2nd Semester 2021 315/ream x 500 = 157,500.00 Total = 315,000.00
b. Health Declaration Form: Paper A4 Size, 52 gm (New Print), Single sided only, delivered in package of 10 per bundle	YES	1st Semester 2021 170/ream x 100 = 17,000.00 2nd Semester 2021 173/ream x 100 = 17,300.00 Total = 34,300.00	NO	1st Semester 2021 244/ream x 100 = 24,400.00 2nd Semester 2021 224/ream x 100 = 24,400.00 Total = 48,800.00	NO	1st Semester 2021 255/ream x 100 = 25,500.00 2nd Semester 2021 255/ream x 100 = 25,500.00 Total = 51,000.00
c. Re Insurance Form: Paper A4 Size, 210 mmx297mm, 52 gm (New Print), Single sided only, delivered in package of 10 per bundle	YES	1st Semester 2021 170/ream x 300 = 17,000.00 2nd Semester 2021 173/ream x 100 = 17,300.00 Total = 34,300.00	NO	1st Semester 2021 244/ream x 100 = 24,400.00 2nd Semester 2021 224/ream x 100 = 24,400.00 Total = 48,800.00	NO	1st Semester 2021 255/ream x 100 = 25,500.00 2nd Semester 2021 255/ream x 100 = 25,500.00 Total = 51,000.00
d. PhilHealth Premium Payment Slip (PPPS): New print, 52gm, A4 size, 1 sided only, delivered in package of 10 per bundle	YES	1st Semester 2021 165/ream x 300 = 49,500.00 2nd Semester 2021 168/ream x 300 = 50,400.00 Total = 99,900.00	NO	1st Semester 2021 297/ream x 300 = 89,100.00 2nd Semester 2021 297/ream x 300 = 89,100.00 Total = 178,200.00	NO	1st Semester 2021 235/ream x 300 = 70,500.00 2nd Semester 2021 235/ream x 300 = 70,500.00 Total = 141,000.00
Total Amount		340,000.00		502,800.00		558,000.00
Passed / Failed		PASSED		FAILED		FAILED
Prepared by:	NERISSA L. ABELA, SIO II Name & Designation		Recommended by:		Approved by:	
						
	NERISSA L. ABELA, SIO II Name & Designation		CECILIA I. PUREZA AO II/OIC,GSU		BENJIE A. CUVINAR MSD Head	