Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
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

UNIVERSAL HEALTH CARE

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD Admin

Supplier: **ST. FRANCIS GENERIC DRUGSTORE INC.** PO No. **2021-04-073**
Address: 4th Floor St. Francis Square Building, Julia Vargas Corner Bank Drive Ortigas Center Mandaluyong City Date: **September 21, 2021**
Tel/Fax No.: (02) 632 1010
Terms of Payment: ON ACCOUNT
Supplier Registered with: Security and Exchange Commission
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	1640	box	VITAMIN C (with Zinc) 500mg, 100cap / box		198.00	324,720.00
			-Brand: XTRACEE PLUS			324,720.00
				Less Taxes: 5% VAT	14,496.43	
				1% EWT	2,899.29	17,395.72
				TOTAL AMOUNT		307,324.28
			Purchase Request No:	2021-01-095		
			Date:	27-Aug-21		

Terms & Conditions:

1. 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.
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 acknowledge 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 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.

Very truly yours,

BENJIE A. CUVINAR
Chief, MSD

Certified Budget Available:	Funds Available in the amount of	324,720.00	APPROVED
MA. PAMELA B. LEYNES Fiscal Examiner A	ARON R. BIANO Fiscal Controller IV		ALLAN M. GRANAL ARVP, PRO IVA

With in the COB:	2021 COB
Expense Code:	50203070
Budget:	324,720.00
Remarks:	

Conforme:

CAMILLE B. LALLEGTA
Signature over Pinted Name and Position of Authorized Representative

Received Copy of PO:
SEPTEMBER 23, 2021
Date