



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: **LUCKY BOOKSTORE**
Address: Quezon Avenue
Lucena City
Tel.Fax No.: (042) 710 5588
Supplier Registered with: Department of Trade and Industry

PO No. 2021-04-075
Date: September 30, 2021

Terms of Payment: ON ACCOUNT
Mode of Procurement: SHOPPING

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	bottle	INK for stamp pad with applicator, color: Purple or Violet, 50ml	80.00	800.00
2	25	roll	TAPE TRANSPARENT, Size: 2 (48mm) 50M	22.00	550.00
					1,350.00
			Less Taxes: 5% VAT	60.27	
			1% EWT	12.05	72.32
			TOTAL AMOUNT		1,277.68
			Purchase Request No: <u>2021-01-097</u>		
			Date: <u>27-Aug-21</u>		

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, 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 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.

Very truly yours,

BENJIE A. CUVINAR
Chief, MSD

Certified Budget Available:	Funds Available in the amount of:	1,350.00	APPROVED:
<p>MA. PAMELA B. LEYNES Fiscal Examiner A</p> <p>ARON R. RIANO Fiscal Controller IV</p>		<p>ARLAN M. GRANALI ARVP, PRO IVA</p>	
<p>With in the COB: <u>2021 COB</u> Expense Code: <u>50203990</u> Budget: <u>1,350.00</u> Remarks:</p>			
<p>Conforme:</p> <p><u>[Signature]</u> - Admin officer Signature over Pinned Name and Position of Authorized Representative</p>		<p>Received Copy of PO:</p> <p><u>9-1-21</u> Date</p>	

