

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

PhiliPealth 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: MAKA			TI MICROSHOP	PO No.	2021-04-077
Address:		Unit G-25 Va	lero Plaza, 124 Valero St., Salcedo Village	Date:	October 12, 2021
		Makati City			
l'el.Fax No.:		(02) 8 817 935	53	Terms of Payment:	COD
Supplie	r Registered	with:	Department of Trade and Industry	Mode of Procurement:	SHOPPING
1	lease delive	r to this office	within 30 days from receipt hereof the following:		
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2 \	ctdg	TONER CARTRIDGE, for HP Laserjet PRO M102a, 17A	3,500.00	7,000.00
					7,000.00
			Less Taxes: 5%	VAT 312.50	
			1%	EWT 62.50	375.00
				TOTAL AMOUNT	6,625.00
			Purchase Request No: 2021-01-105 Date: 13-Sep-21		

- 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.
- Delivery of the above item(s) shal 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. Hayang 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 Reiteration of Phillicalth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solien, demand, or accept, directle or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or private sector, at auxinitie, 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. BEMIE A. CUVINAR Chief, MSD MA. PAMELA B. LEYNES ARON R. RIANO Fiscal Controller IV M. GRANAL With in the COB: 2021 COB Expense Code: Budget: 7,000,00 Remarks: Conforme Received Copy of PO: Signature over Pinted Name and Position of Authorized Date Representative PhilHealthofficial 💮 🖸 teamphilhealth 🔞 actioncenter@philhealth.gov.ph



PHILIPPINE HEALTH INSURANCE CORPORATION

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PURCHASE ORDER

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