



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](http://www.philhealth.gov.ph) | [region4a@philhealth.gov.ph](mailto:region4a@philhealth.gov.ph)



UNIVERSAL HEALTH CARE

## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD Admin

Supplier: **MICROBASE INCORPORATED**  
 Address: 3rd and 6th Floors, Casmer Building, 195 Salcedo St., Legaspi Village  
 Makati City  
 Tel./Fax No.: (02) 8 813 7603 loc 195  
 Supplier Registered with: Security and Exchange Commission

PO No. 2021-04-079  
 Date: October 12, 2021  
 Terms of Payment: COD  
 Mode of Procurement: SHOPPING

Please deliver to this office within 60 days from receipt hereof of the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	30	ctdg	TONER CARTRIDGE, for HP printer M607 (HP37A)	10,260.00	307,800.00
2	5	ctdg	INK CARTRIDGE, for HP PRO 6830 Printer, HP934xl (Black)	1,765.00	8,825.00
3	5	ctdg	INK CARTRIDGE, for HP PRO 6830 Printer, HP935xl (Cyan)	1,150.00	5,750.00
4	5	ctdg	INK CARTRIDGE, for HP PRO 6830 Printer, HP935xl (Magenta)	1,150.00	5,750.00
5	5	ctdg	INK CARTRIDGE, for HP PRO 6830 Printer, HP935xl (Yellow)	1,150.00	5,750.00
					333,875.00
			Less Taxes: 5% VAT	14,905.13	
			1% EWT	2,981.03	17,886.16
			<b>TOTAL AMOUNT</b>		<b>315,988.84</b>
			Purchase Request No: 2021-01-112		
			Date: 16-Sep-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 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 Rotation 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/s or employees, or create the appearance of a conflict of interest.

Very truly yours,

**BENJIE A. CUVINAR**  
 Chief, MSD





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UNIVERSAL HEALTH CARE  
State, Locality of PhilHealth Region 4A

Certified Budget Available:	Funds Available in the amount of:	333,875.00	APPROVED:
 <b>MA. PAMELA B. LEYNES</b> Fiscal Examiner A	 <b>ARON R. RIANO</b> Fiscal Controller IV		 <b>ARLAN M. GRANADO</b> ARVP, PRO IVA
With in the COB:	2021 COB		
Expense Code:	5020301002		
Budget:	333,875.00		
Remarks:			
Conformer:	 <b>Michael Vincent C. Felipe</b> Signature over Printed Name and Position of Authorized Representative	Received Copy of PO:	<b>October 15, 2021</b> Date

