



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: **SUNLIFE BOOKSTORE**
 Address: Enriquez St.,
 Lucena City
 Tel/Fax No.: (042) 710 3518
 Supplier Registered with: Department of Trade and Industry

PO No. **2021-04-092**
 Date: **October 26, 2021**

Terms of Payment: **ON ACCOUNT**
 Mode of Procurement: **SHOPPING**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3200	ream	PAPER MULTICOPY, A4, for laser printer/ink-jet printer, high speed, copier, 210mm x 297 mm (A-4), 80 gsm.	165.00	528,000.00
2	5	pad	STICK-ON NOTE PAD 2"x3", 50mm x 76mm (2x3), 70gsm (min.), 100 sheets per pad, assorted colors	15.00	75.00
3	300	box	STAPLE WIRE for Standard Stapler, 26/6, no.35, 500s/box	24.00	7,200.00
4	35	pad	STICK-ON NOTE PAD 3"x3", 76mm x 76mm (3x3), 70gsm (min.), 100 sheets per pad, assorted colors	15.00	525.00
5	10	pad	STICK-ON NOTE PAD 3"x4", 76mm x 100mm (3x4), 70gsm (min.), 100 sheets/pad, assorted colors	18.00	180.00
6	40	box	RUBBER BAND Size-18, transparent, 350 grams (min) (net weight) g./box	125.00	5,000.00
7	20	box	PAPER CLIP BACKFOLD, 25mm, (1) all metal, clamping length: 25mm(-1mm), clamping depth: 13mm(min.), thickness of metal: 0.22mm(min.), 12 pcs/box	18.00	360.00
8	30	box	PAPER CLIP BACKFOLD, 32mm, all metal, clamping length: 32mm(-1 mm), clamping depth: 14mm(min.), thickness of metal: 0.30mm(min.), 12 pcs/box	20.00	600.00
9	5	box	PAPER CLIP BACKFOLD, 50mm., all metal, clamping length: 50mm(-1mm), clamping depth: 25mm(min.), thickness of metal: 0.33mm(min.), 12 pcs/box	50.00	250.00
10	300	roll	TAPE TRANSPARENT, Size: 1 (24mm) 50M	10.00	3,000.00
11	75	roll	TAPE TRANSPARENT, Size: 2 (48mm) 50M	16.00	1,200.00
					546,390.00
			Less Taxes: 5% VAT	24,392.41	
			1% EWT	4,878.48	29,270.89
			TOTAL AMOUNT		517,119.11
			Purchase Request No:	2021-01-117	
			Date:	22-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.





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UNIVERSAL HEALTH CARE
KATULUNAN - AT SAUNDA PARA SA LAHAT

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 acknowledged 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 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.
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 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:	546,390.00	APPROVED:
 MA. PAMELA B. LEYNES Fiscal Examiner A	 ARON R. RIANO Fiscal Controller IV		 ARLAN M. GRANALI ARVP, PRO IVA
With in the COB: 2021 COB	Expense Code: 50203010	Budget: 546,390.00	
Remarks:			
Conforme:		Received Copy of PO:	10.28.21
Signature over Printed Name and Position of Authorized Representative		Date	

