



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



UNIVERSAL HEALTH CARE  
KALUSUGAN AT KALINGA PARA SA LAHAT

## 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. 2021-04-093  
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	240	ream	PAPER MULTICOPY, Legal, for laser printer 80gsm, size: 216mm x 330mm, 500 sheets per ream, thickness: 0.09mm min	188.00	45,120.00
2	50	packet	BATTERY Dry Cell, 1.5 volts, Premium/Ultra/Super Alkaline/Alkaline/, size AAA, No Mercury and Cadmium Added, 2pcs/blister pack <b>(4pcs/ pack, P95/pack)</b>	47.50	2,375.00
3	5	box	FOLDER PRESSBOARD, plain, for legal size papers/documents, 242mm x 369mm, color: cream, green, or maroon, etc., 100 pcs/box	1,100.00	5,500.00
4	100	pc	CORRECTION TAPE disposable, dispensing mechanism: variable clutch, dispensing system: single line tape, with mechanism for adjustment/rewinding, color: white opaque, does not leave shadows on photocopies or fax copies, side applicator allows user to see errors being corrected, 5mm x 60(min.)	18.00	1,800.00
5	100	box	PAPER CLIP 48mm (-+2), vinyl/plastic coated, assorted colors, 100s/box or 120g/box	8.00	800.00
6	70	book	RECORD BOOK 300 pages, 215mm x 275mm, 55gsm., Smythe sewn, w/ 'Official Record Book' printing	125.00	8,750.00
7	2	box	ENVELOPE DOCUMENTARY, for Legal size documents, kraft, 150 gsm., 254mm x 381mm, 500 pcs/box	680.00	1,360.00
8	6	box	ENVELOPE for A4 size documents, kraft, 229mm x 324mm, min. weight of 150gsm, 500 pcs/box	490.00	2,940.00
					<b>68,645.00</b>
			Less Taxes: 5% VAT	3,064.51	
			1% EWT	612.90	3,677.41
			<b>TOTAL AMOUNT</b>		<b>64,967.59</b>
			<b>Purchase Request No:</b>	<b>2021-01-117</b>	





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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.
- 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) 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.
- 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 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:	68,645.00	APPROVED:
 <b>MA. PAMELA B. LEYNES</b> Fiscal Examiner A	 <b>ARON R. RIANO</b> Fiscal Controller IV		<b>ARLAN M. GRANALI</b> ARVP, PRO IVA
With in the COB: <u>2021 COB</u>	Expense Code: <u>50203010</u>	Budget: <u>68,645.00</u>	Remarks: _____
Conforme:			Received Copy of PO:
 Signature over Pinned Name and Position of Authorized Representative			<u>10/28/21</u> Date

