

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: Address: Tel.Fax No.: Supplier Registere		Profugo St., Lucena City 710 8496 d with: Department of Trade and Industry			PON	No. 2021-04-121
					— Da	December 1, 2021
						ON ACCOUNTS
					Terms of Payme Mode of Procureme	
Р	lease deliv	er to this office	within 30 days from receipt hereof the follow	ring:		
NO.	QTY	UNIT	ITEM DESCRIPT	ION	UNIT PRICE	TOTAL AMOUNT
1	125	pcs	RJ 45, for CAT 6 Cable		3.0	375.00
						375.00
	*****			Less Taxes: 5% VA	Т 16.7	74
				1% EW		
					TOTAL AMOUN	T 354.91
			Purchase Request No: Date:	2021-01-142 12-Nov-21		
	Conditions:		nt to 1/10 of 1 percent of the total value of the undelivered order			II I H I SEEN IN D. MIT HOUSE
de 6. TI wi an su	elivery. With he contractin hich is deeme ny person, gro nch gift is give	provision for a bac g parties undertake ed incorporated int oup or association, en in the course of	ompliant of goods as to specification when quoted shall be reject k-up unit in case of repair. to comply with Office Order No. 0018-2015 entitled Reiteration of this Contract. No Philhealth personnel shall solicit, demand, or or juridical entity, whether from the public or private sector, at a official duties or which in connection with any transaction which or employees, or create the appearance of a conflict of interest.	n of Philhealth No Gift Policy (Revis accept, directly or indirectly, any gif mytime, on or off the work premises	t from where	
					Very truly you	rs,
						A. CUVINAR
Certified F	Budget Availa	ible:	Funds Available in the	amount of: 375.00	APPROVED:	ief, MSD
MA. PA	MELAB xaminer A	2021 COI 5020301000 375.00	ARON R. RIANO Fiscal Controller IV	313.00	ARRA	M. GRANALI P, PRO IVA
Conforn	ne:		A		Received Copy of PO:	
		Mark A	nd Jony Danawa		12-9-21	
ø		Signature o	ver Pinted Name and Position of Authorized		, /	Date
	6	ERTIFIE	Representative			

PhilHealthofficial teamphilhealth actioncenter@philhealth.gov.ph