

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		Quezon Avenue,			PO No.	2021-04-123 December 6, 2021
					Date:	
		Lucena City (042) 373 1234			Terms of Payment:	ON ACCOUNT
					Mode of Procurement:	
	Please deliv	ver to this office	within 30 days from receipt hereof the following:			
NO.	QTY	UNIT	ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
1	2	units	EXHAUST FAN		1,400.00	2,800.00
			Type: WALL MOUNTED			
			Voltage: 220-240V			
			Frequency: 50/60hz			
			Blade size: 12inches			
			(please see attached sheet for			
			illustration)			
			-BRAND: OMNI	-		
						2,800.00
			Less T	axes: 5% VAT	125.00	
		-		1% ЕWТ	25.00	150.00
		 	Purchase Request No: 202	1-01-122	TOTAL AMOUNT	2,650.00
				oct-21		
4. I 5. I 6. T v a	Delivery Rece Defective, inco delivery. With The contractir which is deem any person, gr such gift is giv	ipt and Sales Invoice ompatible or non-ce provision for a bac- ng parties undertaken and incorporated introup or association, wen in the course of	neath Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupa e shall be required to one-time complete delivery of the goods. ompliant of goods as to specification when quoted shall be rejected and returned k-up unit in case of repair. to comply with Office Order No. 0018-2015 entitled Reiteration of Philhealth N to this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or juridical entity, whether from the public or private sector, at anytime, on or of official duties or which in connection with any transaction which may affect the or employees, or create the appearance of a conflict of interest.	o Gift Policy (Revision or indirectly, any gift fre the work premises who	om ere	
				-	BENJIE A. Chief,	
Certified	Budget Avail	able:	Funds Available in the amount of	2,800.00	APPROVED:	
MA. P. Fiscal E With in the Expense Budget: Remarks:	Examiner A he COB: Code:	2021 COI 50203210 2,800.00			ARZAI M.	GRANALI RO IVA
Confor	me:	-	JEHON MONES	F	Received Copy of PO:	1, 2021
_		Signature ov	while Name and Position of Authorized	_	Da	te

PhilHealthofficial teamphilhealth actioncenter philhealth.gov.ph