



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



## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **GVL GRAPHIC STUDIOS ENTERPRISES**  
 Address: Allarey St.,  
 Lucena City  
 Tel.Fax No.: 09088880410  
 Supplier Registered Department of Trade and Industry

PO No. **2021-04-128**  
 Date: **December 6, 2021**

Terms of Payment: **ON ACCOUNT**  
 Mode of Procurement: **NP-SMALL VALUE**

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

| NO. | QTY | UNIT | ITEM DESCRIPTION  | UNIT PRICE | TOTAL AMOUNT      |
|-----|-----|------|---|------------|-------------------|
| 1   | 107 | pcs  | TARPAULIN (4M Omnibus)<br>size 3ft x 6ft, Printing: Full Color                      | 187.20     | 20,030.40         |
| 2   | 107 | pcs  | TARPAULIN (4M<br>Magparehistro) size 3ft x 6ft,<br>Printing: Full Color             | 187.20     | 20,030.40         |
| 3   | 107 | pcs  | TARPAULIN (4M Magbayad ng<br>Kontribusyon) size 3ft x 6ft,<br>Printing: Full Color  | 187.20     | 20,030.40         |
| 4   | 107 | pcs  | TARPAULIN (4M Mag-update<br>ng record ) size 3ft x 6ft,<br>Printing: Full Color     | 187.20     | 20,030.40         |
| 5   | 107 | pcs  | TARPAULIN (4M Mag-claim<br>ng Benepisyo) size 3ft x 6ft,<br>Printing: Full Color    | 187.20     | 20,030.40         |
| 6   | 112 | pcs  | TARPAULIN (Konsulta) size 3ft<br>x 6ft, Printing: Full Color                        | 187.20     | 20,966.40         |
| 7   | 105 | pcs  | TARPAULIN (Covid19<br>Packages and Testing) size 3ft x<br>6ft, Printing: Full Color | 187.20     | 19,656.00         |
| 8   | 115 | pcs  | TARPAULIN (Online Services)<br>size 4ft x 6ft, Printing: Full Color                 | 249.60     | 28,704.00         |
| 9   | 115 | pcs  | TARPAULIN (Online Payment)<br>size 4ft x 6ft, Printing: Full Color                  | 249.60     | 28,704.00         |
|     |     |      |   |            | 198,182.40        |
|     |     |      | Less Taxes: 1% NVA  | 1,981.82   |                   |
|     |     |      | 1% EWT  | 1,981.82   | 3,963.64          |
|     |     |      | <b>TOTAL AMOUNT</b>   |            | <b>194,218.76</b> |
|     |     |      | Purchase Request No: 2021-01-121<br>Date: 28-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



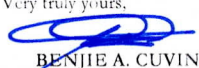




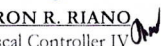

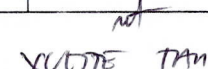
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- to have been received by a representative either through fax or email.
3. Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast two (2) 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.
  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 Retraction 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:  | 198,182.40 | APPROVED: |
| <br><b>MA. PAMELA B. LEYNES</b><br>Fiscal Examiner A | <br><b>ARON R. RIANO</b><br>Fiscal Controller IV | <br><b>ARLAN M. GRANALI</b><br>ARVP, PRO IVA |            |           |
| With in the COB:  | 2021 COB  |  |            |           |
| Expense Code:   | 5029901002  |  |            |           |
| Budget:   | 198,182.40  |  |            |           |
| Remarks:  |   |  |            |           |
| Conforme:   | <br><b>YVETTE TAN</b>                          | Received Copy of PO:   |            |           |
| Signature over Pined Name and Position of Authorized Representative   |   | 12/15/21<br>Date   |            |           |

