

## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **METRO RETAIL STORES GROUP INC.**

Address: **ML Tagarao St., Brgy. 3,**

**Lucena City**

Tel.Fax No.: **0922 445 3479**

Supplier Registered with: **Department of Trade and Industry**

PO No. **2023-04-012**

Date: **15-Mar-23**

Terms of Payment: **COD**

Mode of Procurement: **NP-SMALL VALUE**

 Please deliver to this office within 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	515	pcs	<b>GIFT CERTIFICATES</b>	100.00	51,500.00
			-with Php 100.00 denominations		
			-less 1% discount	515.00	
					<b>50,985.00</b>
			Less Taxes: 5% VAT	2,276.12	
			1% EWT	455.22	2,731.34
			<b>TOTAL AMOUNT</b>		<b>48,253.66</b>
			<b>Purchase Request No:</b>	<b>2023-01-030</b>	
			<b>Date:</b>	<b>6-Mar-23</b>	



**Terms & Conditions:**

- PhilHealth 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 supplier 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**

Division Chief IV, MSD

Certified Budget Available:	Funds Available in the amount of:	<b>50,985.00</b>	APPROVED:
<b>MA. PAMELA B. LEYNES</b> Fiscal Controller II	<b>ARON R. RIANO</b> Fiscal Controller IV		 <b>DANILO M. REYNES, MD, MPA</b> RVP, PRO IVA
With in the COB: <b>2023-COB</b>			
Expense Code: <b>5029918001</b>			
Budget: <b>51,500.00</b>			
Remarks:			
Conforme:			Received Copy of PO:
 <b>REMEDIOS N. NUYDA</b> Signature over Printed Name and Position of Authorized Representative			<b>3/14/23</b> Date