



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
☎ (042) 373-7554 🌐 www.philhealth.gov.ph
📍 PhilHealthRegion4A 📧 teamphilhealth

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **TRIPLE G AND A VENTURES INC.** PO No. **2023-04-048**
Address: **#54 8TH St., North Signal Village,** Date: **9-Jun-23**
Taguig City
Tel./Fax No.: **(02) 8 817 9353**
Supplier Registered with: **Security and Exchange Commission** Terms of Payment: **ON ACCOUNT**
Mode of Procurement: **SHOPPING**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	7	Pc	MEDICAL SUPPLIES SURGICAL SCISSOR; Stainless steel, handle and blade, clamp scissor type	87.50	612.50
2	8	pc	MEDICAL SUPPLIES Trash bin w/cover and garbage bag	350.00	2,800.00
3	7	pc	MEDICAL SUPPLIES KELLY FORCEPS CURVED; stainless steel, locking handle	95.00	665.00
4	7	pc	MEDICAL SUPPLIES Adhesive Bandage	70.00	490.00
5	6	pack	MEDICAL SUPPLIES Cottonbuds 200 tips/pack	30.00	180.00
6	7	pc	MEDICAL SUPPLIES KIDNEY BASIN; 10" kidney shaped basin for discarding cotton, needles, moxa, etc., stainless steel	274.00	1,918.00
					6,665.50
Less Taxes: 5% VAT				297.57	
1% EWT				59.51	357.08
TOTAL AMOUNT					6,308.42
			Purchase Request No:	2023-01-051	
			Date:	3-Apr-23	

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 acknowledged 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 director/s 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: 6,665.50	APPROVED:
MA. PAMELA B. LEYNES Fiscal Controller II	ARON R. RIANO Fiscal Controller IV	
With in the COB: 2023-COB		DANILO M. REYNES, MD, MPA RVP, PRO IVA
Expense Code: 50203080		
Budget: 7,080.88		
Remarks:		
Conformer:	Received Copy of PO:	
	June 19, 2023	
Signature over Printed Name and Position of Authorized Representative	Date	

CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)

Cost Center	ADMIN	ROF#:	2023-0106	06/14/2023
		CAF#:	2023-0106	06/14/2023
Particulars			Account Code (to be filled out by Budget)	Amount

PROCUREMENT OF MEDICAL, DENTAL AND LABORATORY SUPPLIES.

50203080




₱6,665.50

Payee: TRIPLE G AND A VENTURES INC.

Reference: PO NO. 2023-04-048

TOTAL

₱6,665.50

REQUESTED BY	FUNDS AVAILABLE	CERTIFICATION
Certified: Charges to budget necessary, lawful and under my direct supervision Signature:  Printed Name: Joseph Adrian R. Rejano Position: AO III Office: ADMIN Date: 6/14 Remarks:	Certified: Budget available and earmarked for the purpose, as indicated above Signature:  Printed Name: Ma. Pamela B. Leynes Position: Budget Officer - Designate Office: MSD-FMS Date: 6/14/23 Remarks:	Certified: Funds available for disbursement herein described; in the amount specified Signature:  Printed Name: Aron R. Riano Position: Fiscal Controller IV Office: MSD-FMS Date: JUN 14 2023 Remarks:

CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)

Cost Center	ADMIN	ROF#:	2023-0106	06/14/2023
		CAF#:	2023-0106	06/14/2023
Particulars			Account Code (to be filled out by Budget)	Amount

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Payee: TRIPLE G AND A VENTURES INC.

Reference: PO NO. 2023-04-048

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**CHECKLIST OF DOCUMENTARY REQUIREMENT
FOR CERTIFYING BUDGET AVAILABILITY FOR CERTIFICATE
OF AVAILABILITY OF FUNDS (CAF)**

Subject : *Procurement of Medical supplies*

Gross Budgetary Requirement: *6445.50*

1 () Duly certified Abstract/ Matrix of canvass supported with the latest quotations from at least three (3) suppliers or copy of Certificatin of Sole Distributorship

2 () Copy of Corporate Personnel Order, if applicable

3 () Copy of Contract, if applicable *PO 2013-01-018*

4 () Copy of approved Terms of reference (TOR), if applicable *Tech spec*

5 () Copy of the approved Request for Realignment of Funds (ReRef), if applicable

6 () Breakdown of budgetry requirement per object of expenditures, if the activity/item to be conducted/procured is chargeable to various office

7 () List of Distribution per cost center, if the item to be conducted/procured is chargeable to various office

8 () Copy of approved ABC, if applicable

9 () Two (2) copies of properly filled up CAF Form

10 () Strategic Objectives (StObs) *10*

Remarks:

Prepared by:

[Signature]
Printed Name and Signature
(Budget Officer/Designate)