

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IV-A

Q Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City **L** (042) 373-7554 ⊕www.philhealth.gov.ph

PhilHealthRegion4A teamphilhealth

PURCHASE ORDER

OFFICE/DEPARTMENT: LUCENA LHIO

| | , | | |
|--|--|----------------------|-------------|
| Supplier: | PUREGOLD PRICE CLUB, INC. | PO No. | 2023-04-062 |
| Address: | Doña Aurora Blvd., Purok Pagkakaisa, Gulang-Gulang, Lucena City | Date: | 13-Jul-23 |
| | | _ | |
| Tel.Fax No.: | 0928 9662078 | Terms of Payment: | COD |
| Supplier Registered with: SEC A199813754 | | Mode of Procurement: | NPSV |
| Please del | iven to this office an days sman research of BO the prescribed newled from receipt because | f the fellowing. | |

riease activer to this office 30 days upon receopt of PO the prescribed period from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|------|--|--------------|--------------|
| 1 | 3600 | pax | Meals (Snack) 1 cup cake (minimum of 42g/pc, individually pack) 1 drinks (tetra pack juice 180 ml) To be delivered 30 days upon receipt of PO | 19.79 | 71,244.00 |
| | | | | | 71,244.00 |
| | | | Less Taxes: 5% VAT | 3,180.54 | |
| | | | 1% EWT | 636.11 | 3,816.65 |
| | | | | TOTAL AMOUNT | 67,427.35 |
| | | 4 | Purchase Request No: 2023-01-089 Date: 19-Jun-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 acknowledge to have been received by a representative either through fax or email.
- Delivery of the above item(s) shal be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section at least 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 directorsor 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: | 71,244.00 | APPROVED: |
|--|--|-----------|---------------------------|
| MA. PAMELAB. LEYNES Fiscal Controller II | ARONR. RIANO Fiscal Controller IV | | par |
| With in the COB: 2023-COB | | | DANILO M. REYNES, MD, MPA |
| Expense Code: 5 02 99 010 02 | A | | RVP, PRO IVA |
| Budget: 72,858.00 | // _ | | |
| Remarks: | 1/2021 | | |
| Conforme: | ne The Gram Do Pinted Name and Position of Authorized | | Received Copy of PO: |
| Signature over l | Pinted Name and Position of Authorized | | Date |
| | Keprese tative | | |
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