

PHILIPPINE HEALTH INSURANCE CORPORATION Philipeth Regional Office IV-A Q Lucena Grand Central Terminal, Brgy, Its L (042) 373-7554 @www.phithealth.gov.p

## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Address: Tel.Fax No.: Supplier Registered		Amazon St., Riverpark Estate Subd., Hayang Iyam,  Lucena City 09179273713 d with: Department of Trade and Industry r to this office within _30 days_from receipt hereof the following:		Terms of Payment: Mode of Procurement:	SHOPPING
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	etdg	RIBBON CARTRIDGE, for Epsoon LQ2180/2190 Dot Matrix Printer, SO15531/SO15086, Black	1,021.50	20,430.00
$\vdash$					20,430.00
			Less Taxes: 5% VA	r 912.05	
			1% EW		1,094.46
				TOTALAMOUNT	19,335.54
			Purchase Request No: 2023-01-066\ Date: 2-May-23		

## Terms & Conditions:

Supplier:

1. PhilHealth shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay

M.S. ARIAS OFFICE SUPPLIES AND EQUIPMENT TRADING

- as injureates partiages.

  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.
- It the date of receipt of the Purchase Order / PO by the supplier is not indicated, it shall be defined in the day it was actual 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 directorsor employees, or create the appearance of a conflict of interest.

Very truly yours **32** BENJIE A. CUVINAR Division Chief IV, MSD

2023-04-040

PO No.

Certified Budget Available:	Punkls Available in the amount of:	20,430.00	APPROVED:
MA PAMEL B LEYNES AR	ON R. RIANO		DANILO M. REYNES, MD, MPA
With in the COB: 2023-COB Expense Code: 502030100R Budget: 20,737.60 Remarks:			RVP, PRO IVA
Conforme: Next	DWHER		Received Copy of PO:  MAY 31, 2023
Signature over Pinted Nam	e and Position of Authorized sentative		

