# Philippine Health Insurance Corporation

National Capital Region
Panorama Technocenter Bldg., 1029 EDSA Proj. 7, Quezon City.
Telefax: 441-2579

### PURCHASE ORDER

Supplier:	AST	ERDEN	2 Table Control of Con		P-23-12-018	
Address:	City	Date: Decem	December 22, 2023			
Tel.Fax No.: 7340-8406			Term of Pays		nment Terms	
Supplier Registered with			PhilGEPS Mode of Procurer	ment: Small Val	ue Procurement	
Please deliver to this office within 15 working days from receipt hereof the following						
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
1	7	Unit	Sphygmomanometer, Stand-Alone BP, Aneroid sphygmo with who floor type attached wire basket stores cuff and tubing, large circular be mobile stand assembly wall mounted bracket		50,750.00	
2	10	Unit	Sphygmomanometer Digital, cuff wrapping guide lamp body mover detection, hypertension indicator	3,770.00	37,700.00	
					88,450.00	
			Less:  EWT: 1%: 789.73  FVAT: 5%: 3,948.66	To the state of th	4,738.39	
				Net Amount:	83,711.61	
			PR #:		12 000	
			23-0207-NCR-P Dated March 13, 2023		12-290	
<ol> <li>The Conorder for order for the day from the day from the form of the form of</li></ol>	oplier shall rporation so reach day your bills ate of receing the date orted itement purcha	shall impo of the de in triplica ipt of the lo of the app s, IMPOR sed, and to all pay taxo	omply with the terms of reference or specifications prescribed by the C see penalty in an amount equivalent to 1/10 of 1 percent of the total values as liquidated damages. The copies including the original.  P.O. by the dealer is not indicated, it shall be deemed received on the 1 proval of the P.O.  TATION DOCUMENTS specifically showing the condition, serial number receipts, should be submitted by the supplier.  The specifical showing the condition of the component of the comp	5th Working	r any	
			Very truly yours,			
			MARIC	4		
	~			ent Services Division		
Certified Budget Available: Funds Available in the amount of: Php88,450.00 APPROVED:						
YNA MARIÉ II. HOFILEÑA  Designated Budget Officer				Vice President,	NADETTE C. LICO, M.D. Vice President, PRO NCR Authorized Representative)	
Within the Expense C Available Remarks:	ode:	-		ORME: Wag BIGAEL JOAQUIN Print Name and S of Supplier/Repre	Signature	
					The state of the s	





Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office NCR

- Panorama Technocenter Bldg., 1029 EDSA Proj. 7, Quezon City 1100 Metro Manila
- **७** (02) 8709-7020 ⊕ www.philhealth.gov.ph
- PhilHealthPRONCR X teamphilhealth

### NOTICE OF AWARD

PNA-2023-259

#### PROCUREMENT OF VARIOUS SPHYGMOMANOMETERS FOR OVP PRO NCR AND PRO NCR NORTH

ABIGAEL JOAQUIN

General Manager

ASTERDEN SUPPLIES AND GEN. MERCHANDISE CORP.

Unit 305 A & S Bldg., #17 Holy Spirit drive, Brgy. Holy Spirit, Quezon City

Dear Ms. Joaquin,

Very truly yours,

We are pleased to inform you that your quotation for the **Procurement of Various** Sphygmomanometers for OVP PRO NCR and PRO NCR NORTH in the amount of Eighty-Eight Thousand Four Hundred Fifty Pesos (Php88,450.00) undertaken through Small Value Procurement in accordance with the 2016 revised Implementing Rules Regulations of Republic Act No. 9184, has been determined to be the most advantageous contract to the government.

We appreciate your interest in this opportunity and we look forward to your satisfactory performance of your obligations under the project.

BERNAI	DETTE C. LICO, M.D.
Vice Presi	
PhilHealt	h Regional Office NCR
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ABIGAE	L MOAQUIN
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Date:DE	ECEMBER 27, 2023