

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

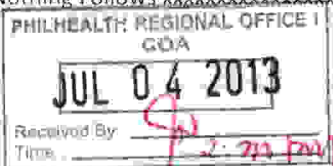
Supplier: LEISURE COAST RESORT
 Address: Bonuan Binloc, Dagupan City
 Tel/Fax No.: 653-5931
 Supplier Registered with: 005-337-645-000 V

PO No. 13-102
 Date: 7/4/2013

Terms of Payment: Charge
 Mode of Procurement: NEGOTIATED PROCUREMENT
LEASE OF PROPERTY & SERVICE

Please deliver to this office within on July 4-5, 2013 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			July 4, 2013		
	100	pax	Room Accommodation	596.00	59,600.00
	100	pax	Dinner	340.00	34,000.00
			July 5, 2013		
	100	pax	Breakfast	195.00	19,500.00
	167	pax	AM & PM Snacks and Lunch	560.00	93,520.00
			inclusion of meals, beverages and other services offered as per attached Proposal from Leisure Coast Resort		
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Total		206,620.00
			Less: TAX		
			VAT (5%/1.12)	9,224.11	
			EWT (1%/1.12)	1,844.82	11,068.93
			RIV# 13-0624-0487		
			PURPOSE: Capacity Building & Conduct of Updates on Maternity Care/Newborn Care Packages (MCP/NCP) & Evaluation Impact of Incentives & Information on Quality & Utilization in Primary Care		
			TOTAL		195,551.07



Terms & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.

Very truly yours,

[Signature]
MS. CYNTHIA S. SANTOS
 DIVISION CHIEF IV, MSO

Certified Budget Available: <u>206,620.00</u> JOSE A. MONES Fiscal Controller III With in the COA: <u>2013 UNFPA Budget Fund</u> Expense Code: _____ Budget: _____ Remarks: _____	Funds Available in the amount of: <u>206,620.00</u> JANE C. RAGOS Fiscal Controller IV Confirmed: <u>[Signature]</u> Signature over Printed Name and Position of Authorized Representative	APPROVED: <i>[Signature]</i> RODOLFO B. DEL ROSARIO JR. OIC - REGIONAL VICE PRESIDENT, PROI Date: _____
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INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one-time delivery or other simple delivery items.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:
 1 copy - Comptrollership Dept.
 1 copy - COA
 1 copy - Supplier