



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: HOTEL SALCEDO DE VIGAN
Address: V. Delos Reyes Cor. Gen. Luna St., Vigan City Ilocos Sur
Tel./Fax No.: 077-722-1200
Supplier Registered with: 006-449-197-000 V

PO No. 14-002
Date: 1/13/2014
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within on January 15, 2014 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	118	pax	AM Snacks	30.00	10,620.00
	118	pax	Lunch	199.00	23,482.00
	118	pax	PM Snacks	75.00	8,850.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	42,952.00
			Less: TAX		
			VAT (5%/1.12)	1,917.50	
			EWT (1%/1.12)	383.50	2,301.00
			RIV# 14-0109-0053		
			PURPOSE: Health Care Provider's Meeting on the Implementation of All Case Rates and Orientation on Auto Credit Payment Scheme	TOTAL	40,651.00

Terms & Conditions:

1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
4. 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.
5. 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]
CYNTHIA S. SANTOS
DIVISION CHIEF IV, M&G

Certified Budget Available:	Funds Available in the amount of: <u>42,952.00</u>	APPROVED:
<i>[Signature]</i> JOSE A. MONES Fiscal Controller III	<i>[Signature]</i> JANE C. MAGOS Fiscal Controller IV	<i>[Signature]</i> ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1
With In the COB:		
Expense Code:		
Budget:		
Remarks:		
Conforme:		
<i>[Signature]</i> CARLINA VER Signature over Printed Name and Position of Authorized Representative	Date: <u>01/14/14</u>	
		Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
2. 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.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
6. This form shall be prepared in 3 copies distributed as follows:
1 copy - Comptrollership Dept
1 copy - COA
1 copy - Supplier