

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: NORTHVIEW HOTEL  
 Address: Airport Ave, Brgy. 46 Nalbo, Laoag City  
 Tel/Fax No.: 077-773-1689  
 Supplier Registered with: 165-450-515 V

PO No. 14-003  
 Date: 1/16/2014  
 Terms of Payment: Charge  
 Mode of Procurement: Shopping

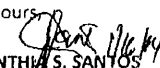
Please deliver to this office within on January 17, 2014 from receipt hereof the following:

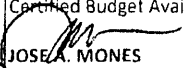
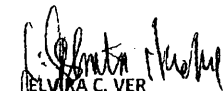
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	102	pax	AM Snacks		
	102	pax	Lunch	390.00	39,780.00
	102	pax	PM Snacks		
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Add: 12% VAT		
				Sub-Total	39,780.00
					4,773.60
				Total	44,553.60
			Less: TAX		
			VAT (5%/1.12)	1,989.00	
			EWT (1%/1.12)	397.80	2,386.80
			RIV# 14-0109-0054		
			PURPOSE: Health Care Provider's Meeting on the Implementation of All Case Rates and Orientation on Auto Credit Payment Scheme		
				TOTAL	42,166.80

**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,

  
**CYNTHIA S. SANTOS**  
 DIVISION CHIEF IV, MSC

Certified Budget Available: _____ Funds Available in the amount of: <u>P 42,166.80</u>  <b>JOSE A. MONES</b> Fiscal Controller III	JANE C. RAGOS Fiscal Controller IV <u>9/16/14</u>	PHILHEALTH REGIONAL OFFICE COA <b>JAN 20 2014</b> 12:33 PM
With in the CDB: <u>Change to Reg. Fee</u> Expense Code: _____ Budget: _____ Remarks: _____		 <b>ELVIRA C. VER</b> REGIONAL VICE PRESIDENT, PRO1
Conforms: <u>RHODA JOSE - Jm</u> Date: <u>1/17/14</u> Signature over Printed Name and Position of Authorized Representative		
		Date

**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