

POMM-P- 006

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 VAT

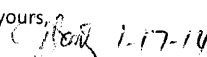
PO No. 14-005
 Date: 1/17/2014
 Terms of Payment: Charge
 Mode of Procurement: Shopping


Please deliver to this office within **on January 21, 2014** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	257	pax	AM & PM Snacks, Lunch with free flowing coffee (Please see attached Menu)	390.00	100,230.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: TAX		
			VAT (5%/1.12)	4,474.55	
			EWT (1%/1.12)	894.91	5,369.46
			RIV# 14-0109-0051		
			PURPOSE: Health Care Provider's Meeting on the Implementation of All Case Rates and Orientation on Auto Credit Payment Scheme		
			TOTAL		94,860.54

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, MSD

Certified Budget Available: _____ JOSE A. MONES Fiscal Controller III	Funds Available in the amount of: <u>100,230</u> JANE C. RAGOS Fiscal Controller IV	APPROVED:  ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1 <u>1/20/14</u>
With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHILHEALTH REGIONAL OFFICE I COA <u>JAN 21 2014</u> Received By: <u>[Signature]</u> Time: <u>9:15 AM</u> </div>
Conforme: _____ <u>[Signature]</u> <u>Accounting Officer</u> Date: <u>Jan 20, 2014</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