

4/25/14
 4:20 pm

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: <u>HOTEL ARIANA</u>	PO No. <u>14-043</u>
Address: <u>San Fernando La Union</u>	Date: <u>4/22/2014</u>
Tel/Fax No.: <u>(072) 607-6788</u>	Terms of Payment: <u>Charge</u>
Supplier Registered with: <u>006-110-590-000 V</u>	Mode of Procurement: <u>Shopping</u>

Please deliver to this office within **April 29, 2014** from receipt hereof the following:


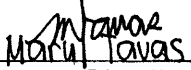
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	pax	Meals (AM Snacks and Lunch)	350.00	17,500.00
			Less: TAX		
			VAT (5%/1.12)	781.25	
			EWT (1%/1.12)	156.25	937.50
			RIV# 14-0415-0219		
			PURPOSE: Orientation of La Union Association of Government Information Officers (LUAGIO) and Media Practitioners		
			TOTAL		16,562.50

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,


CYNTHIA S. SANTOS
 DIVISION CHIEF IV, MSDG

Certified Budget Available: _____ Funds Available in the amount of: <u>16,562.50</u>	APPROVED: _____ <div style="text-align: center;">  ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1 </div>
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS Fiscal Controller IV
With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	
Conforme: _____ <div style="display: flex; justify-content: space-between;"> <div>  Maria Tavares Marketing Officer </div> <div> Date: <u>4/25/14</u> </div> </div>	
Signature over Printed Name and Position of Authorized Representative	
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