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: LEISURE COASTRESORT
Address: Bonuan Binloc, Dagupan City
Tel.Fax No.: 523-6798
Supplier Registered with: 005-337-645-000 V

PO No. 14-050
Date: 5/12/2014
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within **on May 19, 2014** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	46	pax	Meals (Lunch & Snacks(AM&PM))	400.00	18,400.00
	15	pax	Hotel Accommodation	390.00	5,850.00
			Preffered (Menu II) Venue (Room II)	TOTAL	24,250.00
			Amenities:		
			* Use of the venue from 8:00am-5:00pm		
			* Use of sound system and microphone		
			* Use of white screen * Flowing Coffee		
			Less: TAX		
			VAT (5%/1.12)	1,082.59	
			EWT (1%/1.12)	216.52	1,299.11
			RIV# 14-0430-0229		
			PURPOSE: For PhilHealth CARES Assembly	TOTAL	22,950.89

Terms & Conditions:

1. In case of failure to make the full delivery within the time specified above, **a penalty of one-tenth (1/10) of one percent (1%) for every day of delay** shall be imposed.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. Purchase Order (PO) shal be accepted by the supplier before the delivery of goods and/ or services.
4. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
5. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
6. 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.
7. 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, 5/12/14

CYNTHIA S. SANTOS
DIVISION CHIEF IV, MSD

Certified Budget Available: Funds Available in the amount of: ____________

JOSEFA MONES
Fiscal Controller III

JANE C. RAGOS on travel
Fiscal Controller IV

Wtin in the COB
Expense Code
Budget
Remarks

APPROVED:

ELVIRA C. VER
REGIONAL VICE PRESIDENT, PRO1

5/12/2014
Date

Conforme:

Jocelyn S. Lomboy / Sales, Hotel & Events Officer Date: May 12, 2014
Signature over Printed Name and Position of Authorized Representative

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

PHILHEALTH REGIONAL OFFICE I
COA
MAY 12 2014
Received By
Time 3:32PM