Republic of the Philippines HILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

POMM-P- 006

		OFFICE/DEPARTMENT: ADMINISTRATIVE SECT			
Supplier:	PINKIES RE	STAURANT			
Address:	Cor. Zamor	a St., Dagupan City	PO No. <u>14-092</u>		
Tel.Fax No.:	522-2945		Date: <u>8/1/2014</u>		
Supplier Registe		102 270 624 001	Terms of Payment: Charge		
and build we also	ieu with.	102-278-624-001 VAT	Mode of Procurement: Shopping		

Please deliver to this office within on August 6, 7 & 8, 2014 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	129	рах	Meals (2 Snacks and 1 Lunch) w/ Free Flowing Coffee	450.00	58,050.00
			Batch 1 - 52 pax; Batch 2 - 40 pax; Batch 3 - 37 pax	450.00	
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	2,591.52	
			EWT (1%/1.12)	518.30	3,109.82
			PR# 14-0724-0299		5,105.82
			PURPOSE: Cierk's Meeting for MCP & TB DOTS Providers in Pangasinan	TOTAL	54,940.18

erms & Conditions:

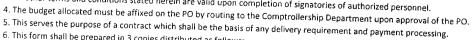
1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed. 2

- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier. З.
- 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.
- 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, <u>CYNTHIA S. SANTOS</u> DIVISION CHIEF IV, MSD
Certified Budget Available: JOSE A. MONES Fiscal Controller III	Funds Available in the amount of:	APPROVED:
With in the COB:	Fiscal Controller IV	ELVIRA C. VER
Bdget.		REGIONAL VICE PRESIDENT, PRO1
Conforme:	- Cellbr Date: BITNO14	8/4/14
INSTRUCTIONS ON HOW TO USE THIS FOR	nd Position of Authorized Representative	Date

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.



6. This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier

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3. It is important also to get the commitment of the supplier as to delivery time.

Supplier fills up the available supplies / materials with corresponding price per item.

This form shall be prepared in 3 coipies distributed as follows: 1 copy - PRID

1 copy - Comptrollership Dept.