

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: <u>THE PALACIO DE LAOAG INC.</u>	PO No. <u>14-096 / IAR No. 68</u>
Address: <u>27 P. Paterno St. Vintar Road, Laoag City</u>	Date: <u>8/7/2014</u>
Tel.Fax No.: <u>(077) 771-5717</u>	Terms of Payment: <u>Charge</u>
Supplier Registered with: <u>007-582-434-000 VAT</u>	Mode of Procurement: <u>Shopping</u>


Please deliver to this office within on August 11, 2014 from receipt hereof the ff:

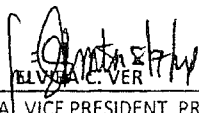
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	42	pax	Meals (AM&PM Snacks, Lunch)	430.50	18,081.00
			- Free use of venue for 8 hours		
			- Free use of sound system		
			- Free use of projector		
			- Free flowing coffee		
			- Provisions of Signage		
			xxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	807.19	
			EWT (1%/1.12)	161.44	968.63
			PR# 14-0725-0305		
			PURPOSE: Clerks' Meeting for MCP & TB DOTS Providers in Ilocos Norte		
			TOTAL		17,112.37

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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>12,061.70</u> JANE C. RAGOS Fiscal Controller IV	APPROVED:  REGIONAL VICE PRESIDENT, PRO1
With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____		Date: _____
Conformer: <u>RIZAL A. VIEJO</u> Signature over Printed Name and Position of Authorized Representative		

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.

