

POMM-P-006

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT  
 Supplier: MIRA DE POLARIS HOTEL PO No. 14-107  
 Address: Brgy. 1 Ventura St., San Nicolas Date: 8/29/2014  
 Tel.Fax No.: 09175586472 / 077-670-0364 Terms of Payment: Charge  
 Supplier Registered with: 102-200-333-001 V Mode of Procurement: Shopping


Please deliver to this office within on September 4, 2014 from receipt hereof the ff:

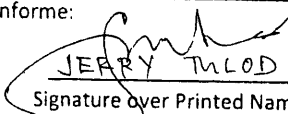

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	39	pax	Meals (AM&PM Snacks, Lunch)	336.00	13,104.00
			xxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxxx		
			< Free use of venue for 8 hours, (P500/hr for add'l. hrs)		
			< Free use of sound system < Free use of projector		
			Less: VAT (5%/1.12)	585.00	
			EWT (1%/1.12)	117.00	702.00
			PR# 14-0827-0341		
			PURPOSE: MHO Meeting on Tsekap Implementation in Ilocos Norte	TOTAL	12,402.00

**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-1

Certified Budget Available: _____ Funds Available in the amount of: <u>13,104</u> <b>JOSE A. MONES</b> Fiscal Controller II  With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____  Conforme:  <b>JERRY TULOD</b> Reservation Officer Date: <u>09/02/14</u> Signature over Printed Name and Position of Authorized Representative	APPROVED:   <b>ELVIRA C. VER</b> REGIONAL VICE PRESIDENT, PRO1 <u>9/1/14</u>  Date
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**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...

SEP 03 2014

1:32 PM

Recrint thru e-mail: 9/3/14  
 HARVEY/HARRY M. MANVEL