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PHILHEALTH-PROADMIN

PAGE 01

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: GLORIA MARIS CHINESE SEAFOOD RESTAURANT (FLAVOR PLUS INC.) PO No. 14-136
 Address: CSI Luciao District, Dagupan City Date: 10/22/2014
 Tel/Fax No.: 522-8849 Terms of Payment: Charge
 Supplier Registered with: 006-015-659-000 VAT Mode of Procurement: Shopping

Please deliver to this office within on October 23-24 & November 3-4, 2014 from receipt hereof the ff:


NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	200	pax	Meals (AM & PM Snacks, Lunch)	650.00	130,000.00
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	5,803.57	
			EWI (1%/1.12)	1,160.71	6,964.28
			RIV# 14-1010-0411		
			PURPOSE: For SPMS Orientation Workshop	TOTAL	123,035.72

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) shall 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,

Cynthia Santos
CYNTHIA S. SANTOS
 DIVISION CHIEF IV, MSE

Certified Budget Available: _____		Funds Available in the amount of: <u>130,000.00</u>		APPROVED:	
JOSE A. MONTE Fiscal Controller III		JANE R. RAGOS Fiscal Controller IV		 REGIONAL VICE PRESIDENT, PROJ	
With in the COB: <u>10/14</u>		PHILHEALTH REGIONAL OFFICE I COA			
Revised Code: <u>10/15</u>		OCT 23 2014			
Budget: <u>10/11</u>		Received by: <u>PM</u> 11:40			
Remarks: _____		Conforme: <u>LENN FLORES</u> Date: _____		Date	
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 signatures 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