

## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ONE VITTORIA HOTEL PO No. 16-139  
Address: National Highway, Cabalangan, Bantay, Ilocos Sur Date: 11/18/2016  
Tel. Fax No. 077-604-0054 Terms of Payment: Charge  
Supplier Registered 008-525-074-000 V Mode of Procurement: Negotiated Procurement -  
Lease of Privately-owned Venue

Please deliver to this office within on November 21-25, 2016 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	79	pax	Area 1 LHIO Summit and Year-End Assessment	10,883.5443	859,800.00
			INCLUSIONS: Accommodation * 4 Dinner		
			* 5D/4N Room Accommodation * Use of function hall/venue		
			* 4 Breakfast * Use of sound system		
			* 3 AM Snacks * Use of Projector w/ charge		
			* Lunch * PM Snacks		
			* Overflowing coffee/tea during the day of activity		
			XX		
			Less: VAT (5%/1.12)	38,383.93	
			EWT (2%/1.12)	15,353.57	53,737.50
			PR No. 16-1003-0557		
			PURPOSE: Area 1 LHIO Summit and Year-end Assessment on 11/21-25/16		
			<b>TOTAL</b>		<b>806,062.50</b>

### 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.

BY THE AUTHORITY OF THE

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Very truly yours,

MARCEL C. BRAVO  
FISCAL CONTROLLER III

Jose A. Mones  
Fiscal Controller III

MARICAR M. ARZADON, M.D.  
MO VII / MSD CHIEF

Certified Budget Available/Funds Available in the amount of:

JOSE A. MONES EDWARD Q. ESPIRITU  
Fiscal Controller III OIC-FMS Head

With in the COB: 2015-04  
Expense Code: 2016  
Budget:  
Remarks:

1612003515

APPROVED
ATTY. RODOLFO B. DEL ROSARIO, JR. RVP, PROJ
BY THE AUTHORITY OF THE <u>OK RVP</u>
Date

Conforme: MMLEVE MANUELLES  
SALES & MARKETING SUP Date: \_\_\_\_\_  
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 item and the lowest quotation and if it had met the required specs.
- All purchases shall be valid upon completion of signatories of authorized personnel.
- The budget allocated shall be used only for the purpose of routing to the Comptroller's Department upon approval of the PO.
- This form shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:  
1 copy - Comptroller's Dept.

1 copy - COA

1 copy - Supplier

MARICAR M. ARZADON, M.D.  
MO VII / DIVISION CHIEF-MSD

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