



**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: RICAFORT-TEE CATERING SERVICE

PO No. 16-24

Address: Lingayen, Pangasinan

Date: 4/20/2016

Tel.Fax No.: 0932-101-2241 / 632-6850

Terms of Payment: Charge

Supplier Registered with: 937-296-658-000 V

Mode of Procurement: Negotiated under Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	34	pax	MEALS (AM, PM Snacks and Lunch) Buffet	550.00	18,700.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	834.82	
			EWT (1%/1.12)	166.96	1,001.78
			PR No. 16-0406-0266		
			PURPOSE: AO Designates' Forum		
			<b>TOTAL</b>		<b>17,698.22</b>

**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,

**MARICAR M. ARZADON, M.D.**

Division Chief, MSD

By the authority of the DV IV

**SALLY S. GOMEZ**

SIO III / OIC-GSU

Certified Budget Available: Funds Available in the amount of: 18,700.00

**JOSE A. MONES**

Fiscal Controller III

**EDWARD Q. ESPIRITU**

OIC-FMS Head

With in the COB: 2016

Expense Code: 110-111

Bdget: 110-111

Remarks:

Conforme: Erico Ferrera

Date: 4-22-16

Signature over Printed Name and Position of Authorized Representative

APPROVED:

**RODOLFO B. DEL ROSARIO, JR.**

RVP, PRO1

By the authority of the RVP

**MARLENE D. SOLIBA, M.D.**

OIC-RVP

Date

**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 signatories of authorized personnel.