

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: R BUFFET
 Address: 2F Baladad Bldg., Quezon Ave., San Fernando City, La Union
 Tel./Fax No.: (072) 888-0233
 Supplier Registered with: 928-039-361 NV

PO No. 16-32
 Date: 5/3/2016
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within May 4, 2016 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	65	pax	Lunch	250.00	16,250.00
	65	pax	PM Snacks	150.00	9,750.00
			XXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	26,000.00
			Less: VAT (3%)	780.00	
			EWI (1%)	260.00	1,040.00
			PR No. 16-0418-0296		
			PURPOSE: Updated Primary Care Module (UPCM) Orientation & Tsekop Benefit Package Updates to PC8 Providers	TOTAL	24,960.00


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.


BY THE AUTHORITY OF _____


Very truly yours,


MARICAR M. ARZADON, M.D.
 Division Chief, MSD



JOSE A. MONES
 Fiscal Controller III

Funds Available in the amount of: 26,000.00
 B. THE AUTHORITY OF DIC - FMS Head


EDWARD Q. ESPIRITU
 OIC-FMS Head


JOSE A. MONES
 Fiscal Controller III

APPROVED:


RODOLFO B. DEL ROSARIO, JR.
 RVP, PRO1

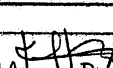
With in the COB: 2/1/16

Expense Code: 2/1/16

Bdget: La Union LHTO (Magna)

Remarks:

Conforme:


Kathleen Mae Prodigalidad Date: 5/13/16
 Signature of Authorized Representative

Date

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.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

MAY 03 2016
 CCA - signed