



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CHEF DISTRITO RESTO

Address: Dagupan City

Tel.Fax No.: 529-3748

Supplier Registered with: 287-631-883-000 NV

PO No. 16-69

Date: 7/26/2016

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on July 27, 2016 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	67	pax	AM Snacks	100.00	6,700.00
	14	pax	Lunch	200.00	2,800.00
	64	pax	PM Snacks	100.00	6,400.00
			xxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	15,900.00
			Less: VAT (3%)	477.00	
			EWT (1%)	159.00	636.00
			PR No. 16-0627-0408		
			PURPOSE: Conduct of Policy Updates for the Formal Economy Sector in compliance with the implementation of the latest corporate issuances	TOTAL	15,264.00

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.

note: Please make payment
to Mary Christine Co.
YAP

COA: JP 8:45 AM
JUL 27 2016

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 15,900.00

JOSE A. MONES

Fiscal Controller III

EDWARD Q. ESPIRITU

OIC-FMS Head

With in the COB:

Expense Code:

Budget:

Remarks:

Conforme:

BILLY JAMES GO

Date: 07/26/16

Signature over Printed Name and Position of Authorized Representative

APPROVED:

RODOLFO B. DEL ROSARIO, JR.

RVP, PRO1

BY THE AUTHORITY OF THE OIC-RVP

MARICAR M. ARZADON, MD
MEDICAL OFFICER VII

Date

7-26-16

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.
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.