

# Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bidg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

## **PURCHASE ORDER**

## OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

PO No. 16-94 THE PALACIO DE LAOAG, INC. Supplier Date: 9/1/2016 Brgy. 27 P. Paterno St., Vintar Rd., Laoag City Address: Terms of Payment: Charge 077-772-2950 / 771-5717 Tel.Fax No.: Mode of Procurement: Negotiated Procurement-Supplier Registered with: 077-582-434-000 V Lease of Privately-OwnedVenue

Please deliver to this office within September 12-13, 2016 from receipt hereof the following:

NQ.	QTY	UNIT ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
	132	xed	AM & PM Snacks on Sept. 12, 2016   Inclusions:	125.00	16,500.00
	14	xeq	Meals on Sept. 12-13, 2016 Overflowing coffee, u.	se of venue, use 275.00	3,850.00
1	132	хеа	AM & PM Snacks on Sept. 13, 2016 of sound system and u	se of projector 125.00	16,500.00
			xxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxx	XXXXXXX TOTAL	36,850.00
		1.000.000	Less: VAT (5%/1.12)	1,645.09	46
	EWT (1%/1.12)		329.02	1,974.11	
	- 8 ¥		PR No. 16-0726-0447		
		PURPOSE: Conduct of Policy Updates for the Formal Economy Sector		nomy Sector TOTAL	34,875.89

#### 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.
- 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.

Very truly yours,

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

By the authority of the MSD Chief

		SIO III / OIC-GSU
Certified Budget Available:  JOSE A. MONEA  Fiscal Controlled III  With in the COB:  Expense Code:	Funds Available in the amount of: MC, Abb (1)  EDWARD Q: ESPIRITU (1700)  OIC-FMS Head	APPROVED:  ATTY: RODOLFO B. DEL ROSARIO, JR.
	N VIEJO Date: 09/05/2016	RVP, PRO1
Signature over Printed Na	me and Position of Authorized Representative	Date

SEP 0 6 2016

- 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