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| Supplier | HOTEL LORENZA |
| Address | TACLOBAN CITY |
| Tel. Fax. No. | 321-8864 |
| Supplier Registered with: | |

Job Order No.: 16-04-11

Date: 4/18/2016

Terms of Payment: On credit

Mode of Procurement: NP-SVP

Please deliver to this office within _____ upon approval of the following.

Note:

| NO. | QTY | UNIT | SERVICE DETAILS | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|--|------------|--|
| | 17 | PAX | <p>2 days LHIO QUARTERLY ASSESSMENT AND CHECKPOINT MEETING</p> <p><i>Meals and Venue (Lunch, dinner and morning snacks)</i></p> <p><i>Free Flowing Coffee</i></p> <p><i>xxx nothing follows xxx</i></p> <p>LESS:</p> <p>FWVAT</p> <p>EWT</p> <p>RIV # 16-04-11 dtd 04/18/2016</p> | 900.00 | <p>30,600.00</p> <p>2,000.00</p> <p>-</p> <hr/> <p>32,600.00</p> <p>-</p> <hr/> <p>32,600.00</p> |

Terms & Conditions:

- 1 The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of delay as liquidated damages.
- 2 If the date of the receipt of the Job order (JO) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail.
- 3 Delivery of the above item(s) shall be made within the prescribed schedule dates. All item(s) shall be delivered and accepted by the GSU at PhilHealth Building 2, P. Burgos St., Tacloban City
- 4 Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods
- 5 Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- 6 The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1)" which is deemed incorporated into this contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association or juridical entity, whether from the public or private sector, at anytime on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees or create the appearance of a conflict of interest.

Very truly yours,

DERWIN WINDELL SUPREMO

AO IV/OIC, MSD

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|---|-----------------------------------|---|
| Certified Budget Available | Funds Available in the amount of: | APPROVED: |
| BENJAMIN N. GABRIELES, JR. <i>Fiscal Examiner A</i> | | WALTER R. BACAREZA <i>Regional Vice President</i> Date Approved: _____ |
| LEVIE C. VILLEGAS <i>Fiscal Controller III</i> | | |
| Within COB: | | |
| Expense Code: | | |
| Budget: | | |
| Remarks: | | |
| Received copy of JO: | | CONFORME: |
| dated: 4/18/14 | | Print Name and Signature of Supplier/Representative TARIKA AVESTRUP |