Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

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

## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MARITES CATERING SERVICES	PO No. <u>17-111</u>
Address: 23-A Burgos Extension, Dagupan City, Pangasinan 2400	Date: 8/7/2017
Tel.Fax No.: 075-515-6577	Terms of Payment: Charge
Supplier Registered with: 923-481-438-000 NV	Mode of Procurement: Negotiated Procurement-
	Small Value Procurement

## Please deliver to this office within on August 8-9, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	47 pax		MEALS ( AM, PM Snacks and Lunch) for 2 days	600.00	56,400.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	56,400.00
			Less: VAT (3%) EWT (1%)	1,692.00 564.00	2,256.00
			PR No. 17-0731-0354		
			PURPOSE: Consultative Planning and Budget Forum and Workshop	TOTAL	54,144.00

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. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial 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 thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- 4 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.
- 5 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.
- 6 Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

BY THE ADTHORITY OF THE	By the authority of the MSD Chief	Very truly yours,
MARIMEL C. BRAVO	SALLY S. GOMEZ SIO III, GSU Head	MARICAR M. ARZADON, M.D. MO VII / MSD CHIEF
Certified Budget Available: Funds Available To the amount of JOSE A. MONES EDWARD Q. ESPIRITU	TT ATTA MA	APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
With in the COB:	AUG US 2017 Received By: 24	OIC-OFFICE OF THE REGIONAL VICE PRESIDENT By the authority of the OIC-ORVP
Conforme: <u><b>RICHARD MCRUEY</b></u> Signature over Printed Name and Position of Authorized Rep	Date: August C7, 2017 resentative	MO ()/MSD CHIEF 8 7 117 Date

POMM-P- 006