

Republic of the Philippines

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PHILIPPINE HEALTH INSURANCE CORPORATION

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

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	NENA'S GARDEN RESORT AND CATERING SERVICES	PO No. 17-115 Date: 8/16/2017	
Address: Tel.Fax No.:	Bonuan Gueset, Dagupan City		
	653-1095	Terms of Payment: Charge	
	istered with: 179-720-255-000 NV	Mode of Procurement: Negotiated Procurement-	
		Small Value Procurement	

Please deliver to this office within on August 17-18, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	рах	MEALS (AM & PM Snacks, Lunch) for 2 days	400.00	16,000.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
· ·			Less: VAT (3%)	480.00	
- ·			EWT (1%)	160.00	640.00
			PR No. 17-0814-0382		
			PURPOSE: PRO 1 Integrated Planning and Budget Forum & Workshop	TOTAL	15,360.00

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 noncompliant 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 authority of the MSD Chief	Very truly yours,
	(JANE C. MAGOS	MARICAR M. ARZADON, M.D. MO VII / MSD CHIEF
/	Certified Budget Available:	Funds Available in the amount of:	APPROVED:
	JOSE A. MONES Fiscal Control Prill	EDWARD Q. ESPIRITU	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
	With in the COB: Expense Code: Bdget: Remarks:	PHILHEALTH REGIONAL OFFICE	OIC-OFFICE OF THE REGIONAL VICE PRESIDENT By the authority of the OIC-ORVP
	Conforme:	Date: PUG Kg 2017 Date: PUG Kg 2017 ne and Position of Authorized Representative	HCDMD CHIEF Date