

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LEISURE COAST RESORT

PO No. 17-116

Address: Bonuan Binloc, Dagupan City

Date: 8/23/2017

Tel.Fax No.: 653-5931

Terms of Payment: Charge

Supplier Registered with: 005-337-645-000 V

Mode of Procurement: Negotiated Procurement-

Lease of Privately-Owned Venue

Please deliver to this office within on September 5, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	184	pax	MEALS (AM & PM Snacks, Lunch)	580.00	106,720.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	4,764.29	
			EWI (1%/1.12)	952.86	5,717.15
			PR No. 17-0731-0353		
			PURPOSE: Updates on Per Family Payment Rate Scheme and Clarifications on Other PFPR and Claims Processing Concerns	TOTAL	101,002.85

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 AUTHORITY OF THE
MAR. MEL C. BRAVO
FISCAL CONTROLLER

By the authority of the MSD Chief

Very truly yours,

JANEC RAGOS
FC IV / ASS CHIEF

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

Certified Budget Available: Funds Available in the amount of: 01,920.00

JOSE A. MONES
Fiscal Controller

EDWARD Q. ESPIRITU *Esposito*
OIC-FMS Head

With in the COB

Expense Code:

Budget:

Remarks.

BY THE AUTHORITY OF UIC ems

Jose A. Mones
Fiscal Controller III

Conforme:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

By the authority of the OJC-QRVP

ATTY. MC DONALD B. MALICDEM
ATTORNEY IV

Date _____

PHILHEALTH REGIONAL OFFICE

COA

SEP 04 2017

Received By :
Time :