



Republic of the Philippines
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: **BREAD HOUSE CAFÉ & BAKERY INC.**

PO No. **17-117**

Address: **Guilig St., Dagupan City**

Date: **8/23/2017**

Tel.Fax No.: **540-7533**

Terms of Payment: **Charge**

Supplier Registered with: **480-306-452-000 V**

Mode of Procurement: **Negotiated Procurement-**

Lease of Privately-Owned Venue

Please deliver to this office within **on 9/5-8 & 12-15/2017** from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|--|------------|--------------|
| | 46 | pax | MEALS (AM & PM Snacks, Lunch) and VENUE for 8 days xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx | 620.00 | 228,160.00 |
| | | | Less: VAT (5%/1.12) | 10,185.71 | |
| | | | EWT (1%/1.12) | 2,037.14 | 12,222.85 |
| | | | PR No. 17-0814-0374 | | |
| | | | PURPOSE: Conduct of Personal Mastery | TOTAL | 215,937.15 |

Terms & Conditions:

- 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.**
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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.
- 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 **8:00AM to 3:00PM** on working days on or before the date stipulated in the PO.

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER II

By the authority of the MSD Chief

Very truly yours,

JANE C. RAGOS

FC IV / ASS CHIEF

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: **228,160.00**

APPROVED:

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

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

With in the COB:

Expense Code:

Bdget:

Remarks:

BY THE AUTHORITY OF **DIC FMS**

Jose A. Mones
Fiscal Controller III

By the authority of the OIC-ORVP

ATTY. MC DONALD B. MALICDEM

ATTORNEY IV

Conforme:

Date: **Aug 25, 2017**

Signature over Printed Name and Position of Authorized Representative **PHILHEALTH REGIONAL OFFICE I**

Date

AUG 29 2017

Received By: **CLB**
Time: