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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:	LENOX HOTEL	PO No.	17-124
Address:	Rizal St., Dagupan City	Date:	9/4/2017
Tel.Fax No.:	515-8889	Terms of Payment:	Charge
Supplier Reg	istered with: 113-888-385-001 V	Mode of Procurement:	Negotiated Procurement-
			Small Value Procurement

Please deliver to this office within on September 4-8 & 11-15, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	rm	Room Rates (2 Double Beds) for 8 days	2,100.00	33,600.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	1,500.00	
			EWT (2%/1.12)	600.00	2,100.00
			PR No. 17-0814-0375		· · · · · · · · · · · · · · · · · · ·
			PURPOSE: For the conduct of Personal Mastery to PRO 1 Casual and some Regular Employees	TOTAL	31,500.00

Terms & Conditions:

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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.

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Certified Budget Available: Funds Available in the amount of: 39, 100.	APPROVED:		
JOSE A. MONES EDWARD & ESPIRITU Fiscal Controller III FMS Head	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE		
With in the COB:	OIC-OFFICE OF THE REGIONAL VICE PRESIDENT		
Expense Code:	By the authority of the $\partial (C_{i}, \partial \rho)$		
Conforme:	MARICAR M. ARZADON, MD MO VI, Division Chief-MSD		
Alminen citu Date: 9/4/2017	\mathcal{O}		
Signature over Printed Name and Position of Authorized Representative	Date 0 4 17		
	received by		
	CATH/ROSAR10 9/7/17		
	9/7/17		