



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  
Address: Rizal St., Dagupan City  
Tel.Fax No.: 515-8889  
Supplier Registered with: 113-888-385-001 V

PO No. 17-131  
Date: 9/7/2017  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within on September 11-13, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	4	pax	Room Accommodation for 2 nights		
			2-Single Occupancy Rooms } with Complimentary	2,100.00	8,400.00
			1 Double Occupancy Room } Breakfast	2,100.00	4,200.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	12,600.00
			Less: VAT (5%/1.12)	562.50	
			EWT (2%/1.12)	225.00	787.50
			PR No. 17-0822-0399		
			PURPOSE: Accommodation for the PRO 1 Forum on the PhilHealth Corporate Dashboard (PCD)	TOTAL	11,812.50

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 MSD Chief

Very truly yours,

*Handwritten signature*  
MARIMEL C. SCAUD  
FISCAL CONTROLLER I

JANE C. RAGOS

FC IV / ASS CHIEF

MARICAR M. ARZADON, M.D.

MD VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 12,600.00

APPROVED:

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

PHILHEALTH REGIONAL OFFICE I  
COA

SEP 11 2017

Received By:

Time:

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

Conforme:

*Handwritten signature*  
- LANE MANDAY

Date:

9/12/17

Signature over Printed Name and Position of Authorized Representative

Date