



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: THE BREAD HOUSE CAFÉ AND BAKERY INC. PO No. 17-134
 Address: De Venecia HI-way, Lucao District, Dagupan City Date: 9/7/2017
 Tel.Fax No.: 540-7533 Terms of Payment: Charge
 Supplier Registered with: 480-306-452-000 V Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	Cake	600.00	600.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)		26.79
			PR No. 17-0822-0405		
			PURPOSE: For the conduct of Salamat-Mabuhay Program in honor of PHilHealth employee-Ms. Marieta Sosa who is for compulsory retirement effective 9/12/17		
			TOTAL		573.21

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 ca neck" three (3) calendar days.

Delivery should be within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

MARICAF M. ARZADON, M.D.
 MD VII / MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>600.00</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU FMS Head	APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OFFICE OF THE REGIONAL VICE PRESIDENT
With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____	PHILHEALTH REGIONAL OFFICE COA SEP 12 2017 Received By: _____ Time: _____
Conformer: _____ Signature over Printed Name and Position of Authorized Representative Date: <u>9/8/17</u>	Date