



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: R BUFFET PO No. 17-146
Address: San Fernando City, La Union Date: 9/26/2017
Tel.Fax No.: (072) 888-0233 Terms of Payment: Charge
Supplier Registered with: 928-039-361-000 NV Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Please deliver to this office within on October 10, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	45	pax	AM Snacks	150.00	6,750.00
	45	pax	Lunch	250.00	11,250.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	18,000.00
			Less: VAT (3%)	540.00	
			EWT (1%)	180.00	720.00
			PR No. 17-0904-0421		
			PURPOSE: ACA's Forum	TOTAL	17,280.00

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,

MARIA GADEL G. ARZADON
SSIO / HRU HEAD

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

Certified Budget Available: _____ Funds Available in the amount of: <u>18,000.00</u>	APPROVED: _____ ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
JOSE A. MONES Fiscal Controller EDWARD Q. ESPIRITU FMS Head	
With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	
Conforme: _____ Signature over Printed Name and Position of Authorized Representative	9-27-17 Date

PHILHEALTH REGIONAL COA
9/29/17
Received By: _____
Time: _____