

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JAVA HOTEL  
Address: General Segundo Ave., Brgy. 55-B Salet, Laoag City, Ilocos Norte  
Tel./Fax No.: 077-770-5996-7  
Supplier Registered with: 102-198-527-004 V

PO No. 17-166  
Date: 11/4/2017  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Lease of Privately-Owned Venue

Please deliver to this office within on November 16-17, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NOVEMBER 16, 2017					
110	pax	Snacks (AM & PM)	145.00	15,950.00	
5	pax	Lunch	350.00	1,750.00	
NOVEMBER 17, 2017					
110	pax	Snacks (AM & PM)	145.00	15,950.00	
5	pax	Lunch	350.00	1,750.00	
INCLUSIONS					
Free Flowing Coffee					
Use of function hall and sound system					
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX					
Less: VAT (5%/1.12)				1,580.36	
EWT (1%/1.12)				316.07	1,896.43
PR No. 17-1010-0481					
PURPOSE: PETER'S Forum					
TOTAL					35,400.00
TOTAL					33,503.57

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 CRAGOS**  
FCM / ASS CHIEF

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

Certified Budget Available: _____	Funds Available in the amount of: _____	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: <u>2017 000001002</u>	<b>PHILHEALTH REGIONAL OFFICE I</b> <b>COA</b> <u>11-16-17</u>	
Budget: _____	Received By: <u>KB</u>	
Remarks: _____	Time: _____	
Conforme: _____		
<u>LEONARDO A. CARMA / S/M OFFICER</u> Date: <u>11-14-2017</u>		
Signature over Printed Name and Position of Authorized Representative		Date