

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ABULENCIA'S VIDEO PHOTOGRAPHY & CATERING SERVICES

PO No. 17-167

Address: Poblacion Laoac, Pangasinan

Date: 11/4/2017

Tel/Fax No.: 9185919612

Terms of Payment: Charge

Supplier Registered with: 927-049-210 NV

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on **November 23-24, 2017** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			NOVEMBER 16, 2017		
	5,840	pax	SNACKS	50.00	292,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)	8,760.00	
			EWT (1%)	2,920.00	11,680.00
			PR No. 17-1025-0497		
			PURPOSE: Conduct of ALACAKA 11-16-17 to the beneficiaries of Phil's Priority of Bahugao and Laoac, Pangasinan		
			TOTAL		280,320.00

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 their 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 III

By the authority of the MSD Chief

JANE C. RAGOS

FC IV / ASS CHIEF

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: _____	Funds Available in the amount of: _____	PHILHEALTH REGIONAL OFFICE I COA <div>11/23/2017</div> <div>Received By: <u>Ally</u></div> <div>Time: _____</div>	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: _____		
Budget: _____	Remarks: _____		
Conforme: _____ Signature over Printed Name and Position of Authorized Representative		Date: <u>11-23-17</u>	Date: _____