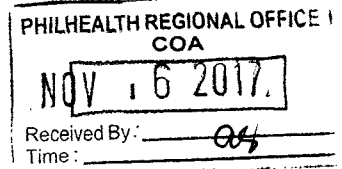




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: TRISHLAND RESORT
Address: Poblacion, Mangaldan
Tel.Fax No.: 529-3767/653-0558/09175023670
Supplier Registered with: 266-252-484-000 V

PO No. 17-174
Date: 11/7/2017
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
36	pax		Accommodation and complete meals with venue	3,533.611	127,210.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	5,679.02	
			EWT (2%/1.12)	2,271.61	7,950.63
			PR No. 17-1030-0506		
			PURPOSE: Conduct of PRO 1 IT Officer Designate on Basic Networking Training	TOTAL	119,259.37

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 FC III:
[Signature]
ROSELA C. FERRER
Fiscal Clerk III

By the authority of the MSD Chief
[Signature]
MARIE L. 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: <u>127,210.00</u>		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU <i>[Signature]</i> OIC-FMS Head	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
With in the COB: <u>2017</u> Expense Code: <u>5019999005</u> Bdget: <u>17ms</u> Remarks:		BY THE AUTHORITY OF <u>DIC FMS</u> <i>[Signature]</i> MARIMEL C. BRAVO FISCAL CONTROLLED II
Conforme: <i>[Signature]</i> <u>600 Mian</u> Signature over Printed Name and Position of Authorized Representative		BY THE AUTHORITY OF <u>DIC RVP</u> <i>[Signature]</i> ATTY. MC DONALD B. MALICDEM ATTORNEY IV Date: <u>11-9-17</u>