[redacted]

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-006

PURCHASE ORDER

Supplier: METRO VIGAN FIESTA GARDEN HOTEL
Address: Guimod Bantay, Ilocos Sur
Tel.Fax No.:
Supplier Registered with: 440-219-285-000 V

PO No. 17-176
Date: 11/8/2017
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement - Lease of Privately-Owned Venue

Please deliver to this office within on November 21, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	40	pax	Meals and venue	600.00	24,000.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)		
			EWT (1%/1.12)	1,071.43	
			PR No. 17-0914-0438	214.29	1,285.72
			PURPOSE:		
				TOTAL	22,714.28

Terms & Conditions

1. 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.
2. For imported items, INFORMATION DOCUMENTS ... showing the ... serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. The contracting parties undertake to comply with Office Order No. 0018 2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1)" which is deemed incorporated in this contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or juridical 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.
4. 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 ...
5. 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 ... check, three (3) calendar days.
6. 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

SALLY S. GOMEZ
SO II / GSU HEAD

Very truly yours,

MARICAR M. ARZADON, M.D.
VO VI / MSD CHIEF

Certified Budget Available: Funds Available in the amount of 24,000.00 JOSE A. MONES, Fiscal Controller EDWARD Q. ESPIRITU, GSMS Head Authority Ref.: Expense Code: Budget: Remarks: MARI... BRAVO FISCAL CONTROLLER II	APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT BY THE AUTHORITY OF OIC, RVP ATTY. MCDONALD B. MALCOLM
Conforme: KENNETH ... Date: ... Signature over Printed Name and Position of Authorized Representative	Date