

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

PQMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: METRO VIGAN FIESTA GARDEN HOTEL

PO No. 17-184

Address: Guimod Bantay, Ilocos Sur

Date: 11/9/2017

Tel. Fax No.: _____

Terms of Payment: Charge

Supplier Registered with: 440-219-285-000 V

Mode of Procurement: Negotiated Procurement -

Lease of Privately-Owned Venue

Please deliver to this office within on November 18, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	24	pax	Breakfast, Lunch, Dinner, AM & PM Snacks Free Flowing Coffee Use of function hall and sound system XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	1,100.00	26,400.00
			Less: VAT (5%/1.12)	1,178.57	
			EWT (1%/1.12)	235.71	1,414.28
			PR No. 17-1027-0501		
			PURPOSE: Re-orientation on PH SMS and SPMS		
			TOTAL		24,985.72

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, IMPORTATION DOCUMENTS specifically showing the condition, 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 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.
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 quoted.
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 "in 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

Very truly yours,

Maria G. Arzadon
SSKJ

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

Certified Budget Available: _____	Funds Available in the amount of: <u>26,400.00</u>	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	PHILHEALTH REGIONAL OFFICE COA 12-6-17 Received By: _____ Time: _____	
Conform: _____	Signature over Printed Name and Position of Authorized Representative <u>KEVIN M. MARASIGAN</u> Date: <u>12/05/17</u>	Date: _____

CIA on Travel 12/5/17