PHILHEALTH REGIONAL OFFICE I
COA
11/17/17
Received By: [signature]
Time :

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible]

OM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: KAHUNA HOTEL, CAFÉ AND RESTAURANT INC.
Address: Brgy, Urbiztondo, San Juan, La Union
Tel.Fax No.: 072-607-1041/1017 / 09178856566
Supplier Registered with: 007-270-552-000 V

PO No. 17-185
Date: 11/9/2017
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement - Lease of Privately-Owned Venue

Please deliver to this office within on November 24-25, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	56	pax	MEALS (AM & PM Snacks, Lunch, Buffet Dinner and Breakfast) and ACCOMMODATION for 2 days 1 night	3,354.50	187,852.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	8,386.25	
			EWT (2%/1.12)	3,354.50	11,740.75
			PR No. 17-1009-0480		
			PURPOSE: [illegible]	TOTAL	176,111.25

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.

Very truly yours,

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

Certified Budget Available: Funds Available in the amount of: 187,852.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-HMS Head

With in the COB
Expense Code
Budget
Remarks

Conforme:

Date:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

RECEIVED BY:
Ms. Glynis S. Bolaggat
Sales & Marketing Manager
NOV/17/2017
Date