

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: TWO BROTHERS GROCERY, INC.
Address: #2 Quezon Avenue, Vigan City, Ilocos Sur
Tel.Fax No.: _____
Supplier Registered with: 005-839-776-000 V

PO No. 17-188
Date: 11/17/2017

Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office within 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
30	packs		Assorted Candies	30.20	906.00
25	packs		Assorted Biscuits	44.10	1,102.50
15	packs		Coffee	139.60	2,094.00
15	packs		Creamer	82.25	1,233.75
10	packs		Sugar	42.50	425.00
14	packs		Juice	167.75	2,348.50
25	packs		Disposable Cup for coffee	34.00	850.00
20	packs		Disposable Cup for water	26.25	525.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				TOTAL	9,484.75
				Less: VAT (5%/1.12)	423.43
				TOTAL	9,061.32
				PURPOSE: Customer's Delight for LHI Ilocos Sur	

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.

Very truly yours,

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

Certified Budget Available: _____ Funds Available in the amount of: <u>9,484.75</u>	APPROVED: _____ ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT	PHILHEALTH REGIONAL OFFICE COA <div style="border: 1px solid black; padding: 5px; display: inline-block;">11-29-17</div> Received By: <u>[Signature]</u> Time: _____
JOSE A. MONES Fiscal Controller	EDWARD Q. ESPIRITU OIC-FMS Head	
With in the COB: <u>2017</u> Expense Code: <u>152-99-010-02</u> Bdgct: <u>15-CHID</u> Remarks: _____		
Conformer: _____ Signature over Printed Name and Position of Authorized Representative		Date: <u>11-23-17</u> Date