



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

Recd
11/22/2017
9:05

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **CUISINERO GARDEN RESTAURANT**

PO No. **17-194**

Address: **Nancayasan, Urdaneta City**

Date: **11/20/2017**

Tel.Fax No.:

Terms of Payment: **Charge**

Supplier Registered with: **900-509-452-000 NV**

Mode of Procurement: **Negotiated Procurement -
Small Value Procurement**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	30	pax	Snacks	200.00	6,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)		180.00
			PR No. 17-1027-0504		
			PURPOSE: Conduct of ACAs Forum		
			TOTAL		5,820.00

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,

JANE C. RAGOS

MARICAR M. ARZADON, M.D.

FC IV / ASS CHIEF

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: <u>6,000.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
With in the COB: <u>200</u>	BY THE AUTHORITY OF <u>EL RVP</u>
Expense Code: <u>60200000</u>	
Bdget: <u>602000</u>	
Remarks:	
Conforme: <u>Manco/poro/ansapagay</u> 11/22/2017	Mencar M. Arzadon, M.D. Medical Officer III
Signature over Printed Name and Position of Authorized Representative	Date