

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **REGINA'S RESTAURANT AND CATERING SERVICES** PO No. **17-19**
 Address: **Brgy. 1-S, Valdez, City of Batac, Ilocos Norte** Date: **2/14/2017**
 Tel./Fax No.: _____ Terms of Payment: **Charge**
 Supplier Registered with: **923-375-091-001 NV** Mode of Procurement: **Negotiated Procurement-
 Small Value Procurement**

Please deliver to this office within **on February 16, 2017** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	pax	Snacks	100.00	5,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)		150.00
			PR No. 17-0203-0131		
			PURPOSE: For the House of Rep. 1st District of Ilocos Norte		
			It is hereby approved for the purchase of the above item/s.		
			TOTAL		4,850.00

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, dated 11/11/16, "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall 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.
- 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 VVP/MSD CHIEF

Certified Budget Available	Funds Available in the amount	APPROVED:
JOSE A. MONES	EDWARD Q. ESPIRITU	
Fiscal Controller	OIC-FMS Head	
With the File		ATTY. RODOLFO B. DEL ROSARIO, JR.
Expend Code		RVP, PROI
Project		
Remarks		
Conform: Signature over Printed Name and Position of Authorized Representative		Date

FEB 28 2017
 COA-