



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

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **MARITES CATERING SERVICES**
 Address: **# 23-A Burgos Extension, Dagupan City**
 Tel.Fax No.: **515-6577**
 Supplier Registered with: **925-495-674 NV**

PO No. **17-201**
 Date: **11/27/2017**
 Terms of Payment: **Charge**
 Mode of Procurement: **Negotiated Procurement-
 Small Value Procurement**

Please deliver to this office within on November 27-28, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	95	pax	MEALS (AM & PM Snacks, Lunch) for 2 days	500.00	47,500.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)	1,425.00	
			EWT (1%)	475.00	1,900.00
			PR No. 17-1120-0551		
			PURPOSE: Conduct of HCI Forum: Updates on New PhilHealth Circulars	TOTAL	45,600.00

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. 0018-2015 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.

BY THE AUTHORITY OF THE

BY THE AUTHORITY OF THE

By the authority of the MSD Chief

Very truly yours,

LAURA F. BASA

JOSE A. MONES
 OIC-UNIT HEAD

MARIA CITADEL G. ARZADON
 SSIO / HRU HEAD

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

Certified Budget Available: Funds Available in the amount of: 47,500.00

JOSE A. MONES
 Fiscal Controller III

EDWARD Q. ESPIRITU
 OIC-FMS Head

With in the COB: 2017

Expense Code: 502-99 010 01

Bdget: 2017

Remarks:

PHILHEALTH REGIONAL OFFICE
 COA

Received By: AB
 Time: 11-29-17

APPROVED:

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

BY THE AUTHORITY OF THE OIC-RVP:
 JOSEPHINE Q. CLAYTON, DEA
 DIVISION CHIEF IV

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 11/27/17

Date

CCA on TRAVEL
 11-27-17