

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

PHILHEALTH REGIONAL OFFICE I
COA

11/29/17

Received By: OCG
Time: _____

PHMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **METRO VIGAN FIESTA GARDEN HOTEL**

Address: **Guimod Bantay, Ilocos Sur**

Tel/Fax No. _____

Supplier Registered with: **440-219-285-000 V**

PO No. **17-202**

Date: **11/27/2017**

Terms of Payment: **Charge**

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

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

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
44	pax		MEALS with free flowing coffee and use of equipment	550.00	24,200.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	1,080.36	
			EWT (1%/1.12)	216.07	1,296.43
			PR No. 17-1027-0503		
			PURPOSE: Conduct of ACAs Forum	TOTAL	22,903.57

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 "Reliteration 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.
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
FCM/ASS CHIEF

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

Certified Budget Available: _____	Funds Available in the amount of: <u>31,900.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller	EDWARD Q. ESPIRITU OIC-FMS Head	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
With in the COB: _____		BY THE AUTHORITY OF <u>OIC RVP</u>
Expense Code: _____		Josephine B. Quizon
Budget: _____		
Remarks: _____		
Conforme: _____		
Signature over Printed Name and Position of Authorized Representative		Date
<u>1/29/17</u> <u>11/29/17</u>		