

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: REGINA'S RESTAURANT & CATERING SERVICES

PO No. 17-203

Address: Brgy. Valdez Batac, Ilocos Norte

Date: 11/28/2017

Tel.Fax No.:

Terms of Payment: Charge

Supplier Registered with: 262-757-896 NV

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on 11/29, 12/6, 7, 12 / 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,100	pax	Snacks at PINILI on 12/12/17	50.00	55,000.00
	600	pax	Snacks at CURRIMAO on 12/7/17	50.00	30,000.00
	3,000	pax	Snacks at BATAc on 11/29/17	50.00	150,000.00
	2,300	pax	Snacks at PIDDIG on 12/6/17	50.00	115,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)	10,500.00	
			EWI (1%)	3,500.00	14,000.00
			PR No. 17-0823-0407		
			PURPOSE: Conduct of ALAGA KA Activity		
			TOTAL		336,000.00

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 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.

By the authority of the MSD Chief

Very truly yours,

ANE C. RAGOS

PC IV / BSS CHIEF

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: <u>336,000.00</u> JOSE A. MONES Fiscal Controller III EDWARD C. ESPIRITU OIC-FMS Head		APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT BY THE AUTHORITY OF <u>OLC RVP</u> Date:	
With In the COB: <u>2017</u> Expense Code: <u>2017</u> Budget: <u>2017</u> Remarks:		PHILHEALTH REGIONAL OFFICE I COA Received By: <u>as</u> Time:	
Conforms: <u>INVITATION</u> Signature over Printed Name and Position of Authorized Representative		Date:	