



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MARITES CATERING SERVICES
 Address: 23-A Burgos Ext. Dagupan City
 Tel.Fax No.: 515-6577 / 09159317493
 Supplier Registered with: 923-481-438-000 NV

PO No. 17-20
 Date: 2/16/2017
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within on February 17, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	38	pax	MEALS (AM & PM Snacks, Lunch) buffet set-up * with free flowing coffee xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx	410.00	15,580.00
			Less: VAT (3%)	467.40	
			EWT (1%)	155.80	623.20
			PR No. 17-0215-0171		
			PURPOSE: Conduct of batch 2 Orientation on PHICS	TOTAL	14,956.80

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.

Very truly yours,

MARICAR M. ARZADON, M.D.
 MARICAR M. ARZADON, M.D.
 MD VI / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: <u>19,580.00</u> JOSE A. MONES Fiscal Controller EDWARD Q. ESPIRITU OIC-FMS Head With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative: <u>RODRIGO B. DEL ROSARIO, JR.</u> Date: <u>2/17/17</u>	APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR. RVP, PRO1 Date: _____
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