

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: CITY DE LUXE
Address: Tapuac District, Dagupan City
Tel.Fax No.: 522-9880
Supplier Registered with: 006-398-243-000 V

PO No. 17-210

Date: 12/1/2017

Terms of Payment: Charge

Mode of Procurement: Negotiated P. - Lease of Privately-Owned Venue

Please deliver to this office within on December 18-22, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	30	pax	MEALS (AM & PM Snacks, Lunch) and VENUE for 5 days	450.00	67,500.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	3,013.39	
			EWT (1%/1.12)	602.68	3,616.07
			PR No. 17-1102-0510		
			PURPOSE: Conduct of Supervisory Development Course Track 2 & 3 to PRO 1 regular employees	TOTAL	63,883.93

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 "**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.
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.

Very truly yours,

MARICAR M. ARZADON, M.D.

MOVII / MSD CHIEF

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE

O/C-OFFICE OF THE REGIONAL VICE PRESIDENT

Certified Budget Available: Funds Available in the amount of: \$1,500.00

JOSE A. MONES

Fiscal Control IN

EDWARD Q. ESPIRITU

OIC-FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

PHILHEALTH REGIONAL OFFICE
COA

12/11/17

Received By:

Time:

Date _____

COA on T relief
12/16 - 8/17