



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: REGINAS REST. & CATERING SERVICES

PO No. 17-224

Address: Brgy. Valdez, Batac, Ilocos Norte

Date: 12/7/2017

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 December 10, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,800	pax	MEALS (Snacks)	55.50	99,900.00
			XXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)	2,997.00	
			EWT (1%)	999.00	3,996.00
			PR No.17-1121-0552		
			PURPOSE: Annual OFW Family Day		
			TOTAL		95,904.00

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.
- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 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 office hours 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
FC IV / CHIEF - ASS

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

Certified Budget Available: Funds Available in the amount of: 99,904.00

JOSE A. MONES
 Fiscal Controller III

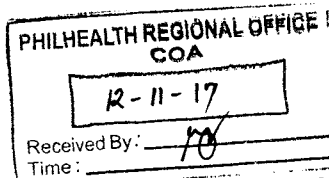
EDWARD Q. ESPIRITU
 OIC-FMS Head

With in the COB: 12/19

Expense Code: 12-000000

Bdget: 12-000000

Remark: _____



APPROVED:

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

RVP, PRO1

BY THE AUTHORITY OF OIC, RVP

Conforme: _____

Signature over Printed Name and Position of Authorized Representative

Date: 12/08/2017

DR. MARLENE D. SULTIBA
AGAS CHIEF
 Date: 12/19/17

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier