12/8/17
@ 4pm

[redacted]

PHILIPPINE HEALTH INSURANCE CORPORATION

[illegible] Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: NENA'S GARDEN RESTAURANT AND CATERING SERVICES

Address: Bonuan Tondaligan, Bonuan Gueset, Dagupan City Pangasinan

Tel Fax No.: 9228447015

Supplier Registered with: 179-720-255-000 NV

PO No. 17-225

Date: 12/7/2017

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within ***on December 12-13, 2017*** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
2	16	pax	MEALS (AM,PM and LUNCH)	460.00	14,720.00
			See Attached Menu		
			xxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx		
			Less: VAT (3%)	441.60	
			EWT (1%)	147.20	588.80
			PR No.17-1120-0549		
			PURPOSE: PRO1 Gender Sensitivity Training	**TOTAL**	**14,131.20**

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. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
4. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
5. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
6. 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.
7. 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 [illegible]

BY THE AUTHORITY OF THE MSD CHIEF

JANE C. RAGOS

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 14,190.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

With in the COB: 2019
Expense Code:
Budget:
Remarks:

PHILHEALTH REGIONAL OFFICE I
COA
DEC 15 2017
Received By:
Time:

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSEE
OIC-RVP, PRO1

BY THE AUTHORITY OF OIC-RVP

DR. MARLENE D. SIMON

Date

Conforme:

BERNARDINA'S NENA OWNER Date: 12-11-17

Signature over Printed Name and Position of Authorized Representative

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for [illegible]
2. This form shall be accompanied [illegible] Senior Manager as to which [illegible]
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
6. This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept. | 1 copy - COA | 1 copy - Supplier