



12/11/17

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **FLAVORS PLUS, INC.**  
Address: **CSI The City Mall, Lucao District, Dagupan City**  
Tel.Fax No.: **522-8849**  
Supplier Registered with: **006-015-639-000 V**

PO No. **17-230**  
Date: **12/09/2017**  
Terms of Payment: **Charge**  
Mode of Procurement: **Negotiated P. - Lease of Privately-Owned Venue**

Please provide this office the following listed below on January 12, 2017:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	pax	MEALS (AM & PM Snacks, Lunch)and Venue	650.00	32,500.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	1,450.89	
			EWT (1%/1.12)	290.18	1,741.07
			PR No. 17-1117-0545		
			PURPOSE: For the conduct of orientation for the newly hired employees and those casuals who did not undergo the official orientation for the new employees of PRO 1 to provide learning on their roles and responsibilities, to ensure compliance to HR policies and guidelines and to have positive outlook on being casual employees of the Corporation.	TOTAL	30,758.93

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.

BY THE AUTHORITY OF THE

LAURA F. BASA

By the authority of the MSD Chief

JANE C. RAGOS

FC IV/ASS Chief

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 32,500.00

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
OIC-FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

PHILHEALTH REGIONAL OFFICE I  
COA

Received By: 12/28/17  
Time: 08:00

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE  
OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

BY THE AUTHORITY OF OIC RVP

Maricar M. Arzadon, M.D.  
Medical Officer VII

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date:

Date

COA on Travel  
12/20/17