Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
(5th Commonwealth Bldg., Francisco Duque Sr., Tagbak District Dagupan City

PDMM-P-026

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION / GENERAL SERVICE UNIT

Supplier: VINZ IHAW-IHAW SA PANDAYAN
Address: Sitio Pandayan, Poblacion, Alaminos City, Pangasinan
Tel./Fax No.:
Supplier Registered with: 927-796-869-000 NV

PO No. 17-237
Date: 12/15/2017
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement - Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	18	pax	MEALS (AM & PM Snacks, Lunch)	540.00	9,720.00
			xxxxxxxxxxxxxxxxx Nothing follows xxxxxxxxxxxxxxxxx		
			Less: VAT (3%)		291.60
			PR No. 17-1212-0595	TOTAL	9,428.40
			PURPOSE: Christmas Party of PHIC Agents & PHIC Management		

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 their 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. Delivery 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 MSD Chief

Very truly yours,

JANE L. NAGOS
FC IV / ASS Chief

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

Certified Budget Available: Funds Available in the amount of: [illegible]

JOSE A. MONES
Fiscal Control III

EDWARD O. ESPIRITU
OIC-FMS Head

PHILHEALTH REGIONAL OFFICE
COA
12-18-17
Received By: [illegible]
Time:

APPROVED:

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

Conforme:

GAY B. GARCIA Date: 12/18/2017

Signature over Printed Name and Position of Authorized Representative

Date