



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuec District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

PO No. 17-238

Date: 12/15/2017

Supplier: R BUFFET
Address: San Fernando City, La Union
Tel/Fax No.: 072-888-0233
Supplier Registered with: 928-039-361 NV

Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement - Small Value Procurement

Please deliver to this office within on December 17, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	24	pax	MEALS (PM Snacks, Dinner)	550.00	13,200.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)	396.00	
			EWT (1%)	132.00	528.00
			PR No. 17-1212-0596		
			PURPOSE: Christmas Party of LNU La Union		
			TOTAL		12,672.00

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.
- 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.
- 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 MSD Chief

Very truly yours,

JANE C. RAGOS
EC IV / ASST CHIEF

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

Certified Budget Available: Funds Available in the amount of: 12,200.00

JOSE A. MONTE
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

With in the COB:

Expense Code:

Budget:

Remarks:

Conforms:

Kathleen Use Medicalidad
Signature over Printed Name and Position of Authorized Representative

PHILHEALTH REGIONAL OFFICE
COA

12-20-17

Received By: MB

Time:

APPROVED:

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

12/15/17
Date

COA on Travel