PHILHEALTH REGIONAL OFFICE I
COA
12/28/17
Received By:
Time:

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
UNC Commercial Bldg., Fernando Blvd St., Tarlac District Dagupan City

FORM-F-006

PURCHASE ORDER

OFFICE/CHAIRMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: RICAFORT-TEE CATERING SERVICES
Address: Narciso Ramos Sports Civic Center, Lingayen Pangasinan
Tel Fax No.: 0932-101-2241 / 632-6850
Supplier Registered with: 0937-296-658-000 V

PO No. 17-242
Date: 12/19/2017
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement - Small Value Procurement

Please deliver to this office within on December 27, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	51	PAX	MEALS (AM & PM Snacks, Buffet Lunch)	750.00	38,250.00
			xxxxxxxxxxxxxxxxxx Nothing follows xxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	1,707.59	
			EWT (1%/1.12)	341.52	2,049.11
			PR No. 17-1206-0587		
			PURPOSE: Re-entry on ISO 9001:2015 QMS Concepting in PRO I - MSD	TOTAL	36,200.89

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. Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

MARICAR M. ARZADON, M.D.
HO II / MSD CHIEF

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

[illegible] A. NUNES
Chief Accountant

EDWARD Q. ESPIRITU
OIC-FMS Head

Approved:

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

Date

Conforme:

ROLANDO R. MORES Date 12/21/17
Signature over Printed Name and Position of Authorized Representative

COA on Transit
12/21/17