



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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MVH HOTELS  
Address: 14 Plaridel Cor. Bonifacio St., Vigan City  
Tel.Fax No.: 072-722-6986  
Supplier Registered with: 202-691-182-000 V

PO No. 17-243  
Date: 12/19/2017  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement - Small Value Procurement

Please deliver to this office within on December 20, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	23	pax	MEALS	300.00	6,900.00
	23	pax	PICA-PICA	150.00	3,450.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	10,350.00
			Less: VAT (5%/1.12)	462.05	
			EWT (1%/1.12)	92.41	554.46
			PR No. 17-1212-0597		
			PURPOSE: Christmas Party / Year-end Celebration in LHI O Ilocos Sur	TOTAL	9,795.54

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.

Very truly yours,

MARICAR M. ARZADON, M.D.  
MOVIT MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>10,350.00</u>	APPROVED: _____ ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
JOSE A. MONES Fiscal Controller II	EDWARD Q. ESPIRITU OIC-FMS Head
With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	PHILHEALTH REGIONAL OFFICE I COA 12/28/17 Received By: _____ Time: _____
Conforme: _____ Signature over Printed Name and Position of Authorized Representative	Date: _____ Date