

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LET'S EAT LAH FOOD HOUSE  
 Address: Ambonao Calasiao, Pangasinan  
 Tel. Fax No.: 653-4661  
 Supplier Registered with: 100-088-599-000 NV

PO No. 17-248  
 Date: 12/20/2017  
 Terms of Payment: Charge  
 Mode of Procurement: Negotiated Procurement-  
 Small Value Procurement

Please deliver to this office within on December 22, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	85	pax	MEALS (2 Snacks and LUNCH)  <i>See Attached Menu</i>  xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	350.00	29,750.00
			Less: VAT (3%)	892.50	
			EWT (1%)	297.50	1,190.00
			PR No.17-1213-0602		
			PURPOSE: Accredited Collecting Agents (ACA's) Forum		
			<b>TOTAL</b>		<b>28,560.00</b>

**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.
- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 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 office hours on working days on or before the date stipulated in the PO.

Very truly yours,

**MARICAR M. ARZADON, M.D.**

MO VII / MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>28,560.00</u>  <div style="display: flex; justify-content: space-between;"> <div> <b>JOSE A. MONES</b>            Fiscal Controller III         </div> <div> <b>EDWARD Q. ESPIRITU</b>            OIC-FMS Head         </div> </div> <div style="margin-top: 10px;">         With in the COB: _____          Expense Code: _____          Budget: _____          Remarks: _____       </div> <div style="margin-top: 10px;">         Conformer: <u>[Signature]</u>  <u>MYRNA M. ONG</u> Date: <u>12/21/17</u>          Signature over Printed Name and Position of Authorized Representative       </div>	APPROVED: _____   <b>ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSEE</b> OIC-RVP, PRO1   Date: _____
--	---

**INSTRUCTIONS ON HOW TO USE THIS FORM:**

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
- All other terms stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocation shall be based on the basis of any delivery requirement and payment processing.
- This serves the purpose of the form.

CCA on Leave

12/21-22/17