

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: NIELSEN FOODS & BEVERAGES	PO No. 17-29
Address: San Miguel, Calasiao, Pangasinan	Date: 2/24/2017
Tel.Fax No.: 0927-446-5069	Terms of Payment: COD
Supplier Registered with: 918-187-548-000 NV	Mode of Procurement: Negotiated Procurement- Small Value Procurement

Please deliver to this office within **March 10, 2017** from receipt hereof the following:



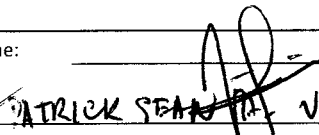

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	250	pax	MEALS including stage décor, table center pieces, tiffany chairs, utility services, and others	550.00	137,500.00
			Event Coordinator with host, physical set-up, lights & sounds, photo & video, live band		112,500.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	250,000.00
			Less: VAT (3%) (goods)	4,125.00	
			EWT (1%) (goods)	1,375.00	
			VAT (3%) (services)	3,375.00	
			EWT (2%) (services)	2,250.00	11,125.00
			PR No. 17-0206-0147		
			PURPOSE: For the conduct of PRO 1 Magic Ball in celebration of PhilHealth's 22nd Anniversary	TOTAL	238,875.00

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 thier 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.
 MO VI / MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: 250,000.00 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  JOSE A. MONES Fiscal Controller </div> <div style="width: 45%;">  EDWARD Q. ESPIRITU OIC-FMS Head </div> </div> <div style="margin-top: 20px;"> With in the COB: 2017 Expense Code: 100 Support Bdgct: _____ Remarks: _____ </div> <div style="margin-top: 20px;"> Conformed:  Patrick Sean Villama Date: _____ Signature over Printed Name and Position of Authorized Representative </div>	APPROVED:  ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE RVP, PRO1 <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="text-align: center; margin-top: 10px;">Date</div>
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MAR 03 2017
 CSE - Legitimacy