

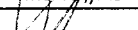
## PURCHASE ORDER

Supplier:	<u>ROBINSON MOVIEWORLD</u>	PO No.	<u>17-39</u>
Address:	<u>Calasiao, Pangasinan</u>	Date:	<u>3/3/2017</u>
Tel.Fax No.:	<u></u>	Terms of Payment:	<u>Charge</u>
Supplier Registered with:	<u>000-361-376-043 V</u>	Mode of Procurement:	<u>Negotiated Procurement- Small Value Procurement</u>

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	334	pcs	Movie Pass	190.00	63,460.00
			Note: Can provide two(2) cinemas for 270 seatings per cinema at the same time		
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	2,833.04	
			EWT (1%/1.12)	566.61	3,399.65
			PR No. 17-0127-0122		
			PURPOSE: GAD Family Day for PRO 1 employees	TOTAL	60,060.35

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 thier 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.

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

Certified Budget Available: Funds Available in the amount of: <u>63,760.41</u>	APPROVED: 
JOSE A. MONES Fiscal Controller III	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
EDWARD Q. ESPIRITU OIC-FMS Head	RVP, PRO1
With in the COB: <u>2012</u>	
Expense Code: <u>909-14</u>	
Bdget: <u>HO Support</u>	
Remarks: _____	
Conforme: _____	
_____ MICHAEL B. BERNARDO - RVP Supervisor Date: 3/15/17	
Signature over Printed Name and Position of Authorized Representative	Date

CCA on Travel 3/16/17