

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

PCMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION GENERAL SERVICE UNIT

Supplier: SM CINEMA, ROSALES PO No. 17-47
 Address: Rosales, Pangasinan Date: 3/17/2017
 Tel. Fax No.: _____ Terms of Payment: COD
 Supplier Registered with: 003-058-789-056 V Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within on March 18, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	17	pax	Movie Tickets and Snacks	600.00	10,200.00
			XXXXXXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX		
			PR No. 17-0309-0215		
			PURPOSE: GAD Family Day for PRO 1 employees in LNU Eastern Pangasinan		
			TOTAL		10,200.00

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 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 or or before the date stipulated in the PO

Very truly yours,

MANICAR M. ARZADON, M.D.
 MG VII / MSD CHIEF

By the authority of the MSD Chief

MARIA RADEL G. ARZADON
 SSIO / OIC-HRLI

Certified Budget Available: _____	Funds Available in the amount of: <u>10,200.00</u>	APPROVED:
<u>JOSE A. MOBERA</u> Fiscal Controller	<u>EDWARD Q. ESPIRITU</u> CIC-FMS Head	<u>ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE</u> RVP, PROI
With In the COB: _____	_____	By the authority of the RVP
Expense Code: _____	_____	<u>MANICAR M. ARZADON, M.D.</u> MG VII / MSD CHIEF
Budget: _____	_____	<u>3/17/17</u>
Remarks: _____	_____	Date
Conforms: _____	_____	
<u>Jose M. Villacorta</u> Signature over Printed Name and Position of Authorized Representative	Date: <u>3/17/2017</u>	

MAR 20 2017
 COA- gymy