



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: CITY DE LUXE RESTAURANT

PO No. 17-49

Address: Tapuac District, Dagupan City

Date: 3/21/2017

Tel.Fax No.: 522-9880

Terms of Payment: Charge

Supplier Registered with: 006-388-243-000 V

Mode of Procurement: Negotiated Procurement -

Lease of Privately-Owned Venue

Please deliver to this office within on March 24, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	29	pax	MEALS (AM, PM Snacks and Lunch with venue)	677.00	19,633.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	876.47	
			EWT (1%/1.12)	175.29	1,051.76
			PR No. 17-0308-0213		
			PURPOSE: For the conduct of Accountable Officer's Forum on Cash and Related Accountabilities		
			TOTAL		18,581.24

Terms & Conditions:

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.

BY THE AUTHORITY OF THE Chief, MSD

MARIE DONNA O. ANTONA  
ADMINISTRATIVE OFFICE IV

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: \_\_\_\_\_

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
OIC-FMS Head

With in the COB: 2017  
Expense Code: 915-04  
Bdget: MSD FMS  
Remarks: \_\_\_\_\_

Conforme: \_\_\_\_\_

MA Gloria A. Reyes Date: 3/22/17  
Signature over Printed Name and Position of Authorized Representative

APPROVED: \_\_\_\_\_

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE  
OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

BY THE AUTHORITY OF OIC RVP

Maricar M. Arzadon, M.D.  
Medical Officer VII

Date 3/22/17

MAR 23 2017  
COA- Primary