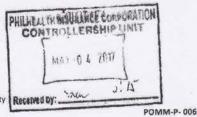


Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GEN	ERAL SERVICE UNI	т
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Compliant	R BUFFET RESTAURANT	PO No.	17-59
Supplier: Address:	San Fernando City, La Union		5/3/2017
Tel.Fax No.: Supplier Registered with: 928-039-361 NV		Terms of Payment:	Charge Negotiated Procurement-
		Mode of Procurement:	
Supplier in	.6.00		Small Value Procurement

Please deliver to this office within on May 6, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	25	рах	MEALS (AM Snacks and Lunch)	440.00	11,000.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx		
	-	In the second	Less: VAT (3%)	330.00	
	40.00		EWT (1%)	110.00	440.00
7			PR No. 17-0428-0257		
	- 150m		PURPOSE: Conduct of ARTA Orientation and Updates	TOTAL	10,560.00

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
- 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.

MO VI / MSD CHIEF APPROVED: Funds Available in the amount of: _ Certified Budget Available: EDWARD Q. ESPIRITU JOSÉ A. MONES ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE Fiscal Controll OIC-FMS Head OIC-OFFICE OF THE REGIONAL VICE PRESIDENT With in the COB: Expense Code: Bdget: Remarks Conforme: Date Signature over Printed Name and Position of Authorized Representative

PHILHEALTH REGIONAL OFFICE (
PAY 0 5 2017

Received By:
Time: 2158 pm

Very truly yours,