

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: TRISHLAND RESORT
Address: Presto St., Nibaliw, Mangaldan
Tel./Fax No.: 529-3767, 653-0558, 09175023670
Supplier Registered with: 266-252-484-000 V

PO No. 17-61

Date: 5/8/2017

Terms of Payment: Charge

Mode of Procurement: Negotiated - Lease of Privately-Owned Venue

Please deliver to this office within on May 19, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	23	pax	MEALS (AM & PM Snacks, Lunch)	700.00	16,100.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	718.75	
			EWT (1%/1.12)	143.75	862.50
			PR No. 17-0417-0237		
			PURPOSE: FMS Mid-year Assessment	TOTAL	15,237.50

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.

Very truly yours,

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

Certified Budget Available: <u>16,100.00</u>	Funds Available in the amount of: <u>16,100.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU OIC-FMS Head	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
With in the COB: <u>2017</u>	PHILHEALTH REGIONAL OFFICE I COA MAY 18 2017	
Expense Code: <u>101-04</u>	Received By: <u>[Signature]</u>	
Budget: <u>FMS</u>	Time: <u>10:52 AM</u>	
Remarks:		
Conforme: <u>[Signature]</u>		
Signature over Printed Name and Position of Authorized Representative <u>SHARMAINE S. ESPINOZA</u> Date: <u>5/18/17</u>		Date