

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **STAR PLAZA HOTEL, INC.**
 Address: **AB Fernandez Ave., Dagupan City**
 Tel.Fax No.: **523-4888**
 Supplier Registered with: **004-006-124-000 V**

PO No. **17-64**
 Date: **5/16/2017**
 Terms of Payment: **Charge**
 Mode of Procurement: **Negotiated - Lease of Privately-Owned Venue**

Please deliver to this office within **on May 26, 2017** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pax	MEALS (AM & PM Snacks, Lunch)	649.00	12,980.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	579.46	
			EWI (1%/1.12)	115.89	695.35
			PR No. 17-0504-0260		
			PURPOSE: Mid-year Appraisal and Re-planning for the 2nd semester 2017		
			TOTAL		12,284.65

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 thier 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 on or before the date stipulated in the PO.

Very truly yours,

MARICAR M. ARZADON, M.D.
 MD VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 12,980.00

JOSE A. MONES
 Fiscal Controller

EDWARD Q. ESPIRITU
 OIC-FMS Head

With in the COB: _____
 Expense Code: _____
 Budget: _____
 Remarks: _____

Conforme:

Signature over Printed Name and Position of Authorized Representative
Maricar M. Arzadon Date: **5/17/17**

APPROVED:

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

PHILHEALTH REGIONAL OFFICE I
 COA

MAY 22 2017

received By: _____
 Date: **5/16/17**