

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: <u>FLAVORS PLUS, INC.</u>	PO No. <u>17-71</u>
Address: <u>CSI The City Mall, Lucao District, Dagupan City</u>	Date: <u>5/23/2017</u>
Tel.Fax No.: <u>523-5416</u>	Terms of Payment: <u>Charge</u>
Supplier Registered with: <u>006-015-639-000 V</u>	Mode of Procurement: <u>Negotiated Procurement</u> <u>Small Value Procurement</u>

Please deliver to this office within **on May 24-25, 2017** from receipt hereof the following:


NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	51	pax	MEALS (AM & PM Snacks, Lunch)	650.00	33,150.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	1,479.91	
			EWT (1%/1.12)	295.98	1,775.89
			PR No. 17-0509-0266		
			PURPOSE: Dialogue with HCIs on eClaims Implementation	TOTAL	31,374.11

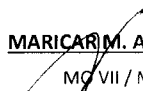
Terms & Conditions:

- 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.


By the authority of the MSD Chief

Very truly yours,



MARIE DONNA O. ANTONA
 ADMINISTRATIVE OFFICER IV


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

Certified Budget Available: Funds Available in the amount of: _____

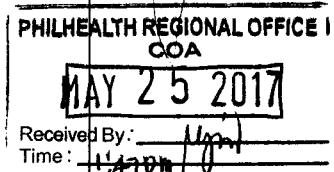

JOSE A. MONES
 Fiscal Controller III

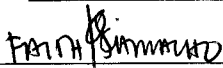
EDWARD Q. ESPIRITU
 OIC-FMS Head

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

With in the COB: 2017
 Expense Code: 702
 Bdgct: Head Office
 Remarks: _____

Conforme: _____




 Signature over Printed Name and Position of Authorized Representative

Date: 5/25/17

Date