

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **METRO VIGAN FIESTA GARDEN HOTEL**

PO No. **17-77**

Address: **National Highway Guimod, Bantay, Ilocos Sur**

Date: **6/9/2017**

Tel.Fax No.: **077-644-0407**

Terms of Payment: **Charge**

Supplier Registered with: **440-219-285-000 V**

Mode of Procurement: **Negotiated Procurement-**

Lease of Privately-Owned Venue

Please deliver to this office within **on June 15, 2017** from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|--|------------|------------------|
| | 79 | pax | MEALS (AM & PM Snacks, Lunch) w/ free flowing coffee | 700.00 | 55,300.00 |
| | | | xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx | | |
| | | | Less: VAT (5%/1.12) | 2,468.75 | |
| | | | EWT (1%/1.12) | 493.75 | 2,962.50 |
| | | | PR No. 17-0510-0270 | | |
| | | | PURPOSE: Dialogue with HCIs on eClaims Implementation in LHIO Ilocos Sur | | |
| | | | TOTAL | | 52,337.50 |

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.

By the authority of the MSD Chief

Very truly yours,

MARIE DONNA O. ANTONA
ADMINISTRATIVE OFFICER IV

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

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| Certified Budget Available: Funds Available in the amount of: <u>52,337.50</u> | | APPROVED: |
| JOSE A. MONES Fiscal Controller | 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> | | |
| Expense Code: <u>2017</u> | | |
| Bdget: <u>2017</u> | | |
| Remarks: | | |
| Conforme: <u>KENRETI MARASICA</u> Date: <u>JUNE 13, 2017</u> | | |
| Signature over Printed Name and Position of Authorized Representative | | Date |

