

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JAVA HOTEL	PO No. 17-78
Address: 55-B. Gen. Segundo Ave., Laoag City, Ilocos Norte	Date: 6/9/2017
Tel./Fax No.: _____	Terms of Payment: Charge
Supplier Registered with: 102-198-527-004 V	Mode of Procurement: Negotiated Procurement- Lease of Privately-Owned Venue

Please deliver to this office within on June 14, 2017 from receipt hereof the following:


NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	59	pax	MEALS (AM & PM Snacks, Lunch) w/ free flowing coffee	600.00	35,400.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	1,580.36	
			EWT (1%/1.12)	316.07	1,896.43
			PR No. 17-0510-0269		
			PURPOSE: Dialogue with HCIs on eClaims Implementation in LHIO Ilocos Norte	TOTAL	33,503.57


Terms & Conditions:


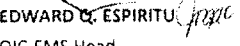
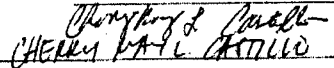
- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax 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 their 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.
 MD VII / MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>33,503.57</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  JOSE A. MONES Fiscal Controller III </div> <div style="width: 45%;">  EDWARD C. ESPIRITU OIC-FMS Head </div> </div> With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ Conforms: _____ <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;">  CHERRY MAE CASTILLO Signature over Printed Name and Position of Authorized Representative </div> <div style="width: 35%;"> Date: <u>06-13-17</u> </div> </div>	APPROVED: _____ ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT Date: _____
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PHILHEALTH REGIONAL OFFICE I
COA

JUN 13 2017

 Received By: 
 Time: 11:52 AM