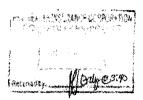


## blic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

U. Commercial Bidg., Francisco Duque SL., Tapuac District Dagupan City



## PURCHASE ORDER

	OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, C	GENERAL SERVICE UNIT PO No. 17-93
30 photo.	KABALEYAN COVE RESORT San Carlos City	Date: 7/4/2017
Tel.Fax No.:	636-3621	Terms of Payment: Charge  Mode of Procurement: Negotlated Procurement-
Supplier Regi	stered with: 009-481-820-000 V	Lease of vinishing-Dunnal Vinue

10.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	55	pax	Meals, venue and accommodation	1,500.00	82,500.00
i	11		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3,683.04 736.61	4,419.6
	. 4		PR No. 17-0508-0299 PURPOSE: PRO 1 P-CARES Information Caravon and Micryed Assassment	TOTAL	78,080.3

- 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
- 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 their office or influence the actions of directors or employees, or create the appearance
- 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 Deliverias 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,  MARICAR M. ARZADON, M.  FCIV / DICASE  AND VII / MSD CHIEF		
Certified Budget Available: Funds Available in the amount of: 09 100.	APPROVED:	
Fiscal Controller All OIC-FMS Head  With in the COB Expense Code  Udget:  Remarks.	ATTY. RODOLFO 8. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT  By the authority of the OIC-ORVP  MARICAR M. AREADON, M.D.  MO VII FYSO CHIEF	
Conforme:  ANNA LAN GASPAR Date:  Signature over Printed Name and Position of Authorized Representative	Date	

PHILHEALTH REGIONAL OFFICE I				
JUL 0 6 2017				
Received By: 4 1:07 PM				