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POMM-P-008

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: KABALEYAN COVE RESORT

Address: San Carlos City

Tel Fax No.: 636-3621

Supplier Registered with: 009-481-820-000 V

PO No. 17-93

Date: 7/4/2017

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Leave of Priority - Original Venue

Please deliver to this office within on July 13-14, 2017 from receipt hereof the following:

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NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	55	pax	Meals, venue and accommodation	1,500.00	82,500.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	3,683.04	
			EWT (1%/1.12)	736.61	4,419.65
			PR No. 17-0608-0299		
			PURPOSE: PRO 1 P-CARES Information Corrobor and Midyear Assessment	TOTAL	78,080.35

Terms & Conditions:

- 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 their 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,

JANE C. RAGOS
EC IV / DIC-ASS

MARICAR M. ARZADON, M.D.

MAO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 69,500.00

JOSE A. MONESTES
Fiscal Controller

EDWARD Q. ESPIRITU
OIC-FMS Head

Within the COB

Expense Code

Udget:
Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

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

By the authority of the OIC-ORVP

MARICAR M. BRADON, M.D.
MO VII NSO CHIEF

Date _____

