



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **RICAFORT-TEE CATERING SERVICES**  
 Address: **Narciso Ramos Sports and Civic Center, Lingayen, Pangasinan**  
 Tel.Fax No.: **632-6850**  
 Supplier Registered with: **937-296-658-000 V**

PO No. **18-119**  
 Date: **7/31/2018**  
 Terms of Payment: **Charge**  
 Mode of Procurement: **Negotiated Procurement-  
 Small Value Procurement**

Please deliver to this office within the month of August 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	58	pax	MEALS (AM & PM Snacks, Lunch)	750.00	43,500.00
	2	pax	MEALS (AM Snacks)	200.00	400.00
	189	pax	MEALS (AM Snacks & Lunch)	450.00	85,050.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	<b>TOTAL</b>	<b>128,950.00</b>
			Less: VAT (5%/1.12)	5,756.70	
			EWT (1%/1.12)	1,151.34	6,908.04
			PR No. 18-0713-0275		
			PURPOSE: 1. Conduct of Basic Search and Rescue Training for RDCC and PERT 2. Conduct of Disaster Awareness & Preparedness Orientation and Drill for PRO 1 Employees	<b>TOTAL</b>	<b>122,041.96</b>

**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,

**EDWARD Q. ESPIRITU**

AO IV / ASS Chief

**CYNTHIA S. SANTOS**

Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>128,951.10</u> JOSE A. MONES Fiscal Controller IV Jane C. Magos Fiscal Controller IV With in the COB: <u>2018</u> Expense Code: <u>5020201001A</u> Bdgct: <u>#2SUPPORT</u> Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative: <u>Christina Paul</u> Date: <u>8-10-18</u>		APPROVED: ALBERTO C. MANDURAO Regional Vice President, PRO1 Date: _____
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PHILHEALTH REGIONAL OFFICE I  
 COA

8-13-18

Received By: AG  
 Time: \_\_\_\_\_

and the amount 8/3/18