

4.14 new 5/1/18

PHILHEALTH REGIONAL OFFICE I
COA
8-3-18
Received By: *[Signature]*
Time: _____

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JAMC CATERING SERVICES
Address: San Fernando City, La Union
Tel.Fax No.:
Supplier Registered with: 296-216-018 NV

PO No. 18-120
Date: 8/1/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on August 3, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	23	pax	PM Snacks	200.00	4,600.00
	23	pax	Dinner	350.00	8,050.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	12,650.00
			Less: VAT (3%)	379.50	
			EWT (1%)	126.50	506.00
			PR No. 18-0719-0281		
			PURPOSE: Mid-Year Assessment and Performance Review on August 3, 2018	TOTAL	12,144.00

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,

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>10,000.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	ALBERTO C. MANDURIAO Regional Vice President, PRO1
JANE C. RAGOS FC IV / FMS Chief	
Within the COB: _____	
Expense Code: _____	
Bdget: _____	
Remarks: _____	
Conforme: <u>M. Barberas</u> <u>Marilyn Barberas</u> Signature over Printed Name and Position of Authorized Representative	Date: <u>08/02/18</u>