



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
1201 Commercial Bldg., Francisco Duque St., Taguig District, Taguig City

3.50
PHILHEALTH REGIONAL OFFICE I
COA
8-10-18
Received By: RB
Time: _____

POMM-P-006

PURCHASE ORDER

Supplier: EL JARDINE FOOD CATERING AND MANAGEMENT SERVICES
Address: Alvear St. Airport Rd., Lingayen, Pangasinan
Tel/Fax No.: 9215651565
Supplier Registered with: 922-084-772-000 NV

PO No. 18-121

Date: 8/7/2018

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within August 23, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	46	pax	MEALS (AM Snack & Lunch) XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	500.00	23,000.00
			Less: VAT (3%)	690.00	
			EWT (1%)	230.00	920.00
			PR No. 18-0706-0267		
			PURPOSE: <u>Training and Seminar for Dialogue with Regions</u>		
			TOTAL		22,080.00

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 nondraft, 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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 23,000.00

JOSE A. MONES
Fiscal Controller III

JANE C. RABOS
FC IV / FMS Chief

With in the COB

Expense Code

Bdget

Remarks

Conforme:

SUZETTE C. Ximon
Signature over Printed Name and Position of Authorized Representative

Date 8-9-18

APPROVED

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE RVP
09 AUG 2018
MARICAR M. ALLEZON MD
MEDICAL OFFICER VII

Date