

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 1501 Commercial Bldg., Francisco Trigueiro St., Lapasan (Cebu) - Davao City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

**PHILHEALTH REGIONAL OFFICE I
COA**

8-20-18 POM-P-006

Received By: FB
 Time: _____

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

PO No. 18-127
 Date: 8/10/2018
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on August 17, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
21	pax	AM Snacks		200.00	4,200.00
21	pax	Lunch		350.00	7,350.00
21	pax	PM Snacks		200.00	4,200.00
		xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL		15,750.00
		Less: VAT (3%)	472.50		
		EWT (1%)	157.50		630.00
		PR No. 18-0731-0300			
		PURPOSE: Conduct of Water Awareness & Preparedness Orientation for 2nd Division	TOTAL		15,120.00

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 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 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.

BY THE AUTHORITY OF THE
MARIN E.C. BRAVO
 FISCAL CONTROLLER III

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>15,120.00</u> <u>JOSE A. MONES</u> Fiscal Controller III <u>JANE C. RAGOS</u> FC IV / FMS Chief Within the COB: Expense Code: _____ Budget: _____ Remarks: _____ Conforme: _____ <u>LOISA M. MORALES</u> Signature over Printed Name and Position of Authorized Representative Date: <u>08/16/18</u>	APPROVED: <u>ALBERTO C. MANDURIAO</u> Regional Vice President, PRO1 Date: _____
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CCA on T. rand
 8/14-17/18