

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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: HOTELINDA SUITES  
Address: Vigan City, Ilocos Sur  
Tel./Fax No.: 077-722-2402  
Supplier Registered with: 102-277-382-000 V

Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Lease of Privately-Owned Venue

5.20  
NEW  
8/16/18  
PHILHEALTH REGIONAL OFFICE  
COA  
9-3-18 FORM-P-006  
Received By: AB  
Time: 10

PO No. 18-130  
Date: 8/16/2018

Please deliver to this office within on August 23-24, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	40	pax	MEALS (AM Snacks)	100.00	4,000.00
	40	pax	MEALS (Lunch)	250.00	10,000.00
	60	pax	MEALS (AM Snacks)	100.00	6,000.00
	8	pax	MEALS (Lunch)	250.00	2,000.00
	60	pax	MEALS (PM Snacks)	100.00	6,000.00
			xxxxxx Nothing Follows xxxxxx	TOTAL	28,000.00
			Less: VAT (5%/1.12)	1,250.00	
			EWT (1%/1.12)	250.00	1,500.00
			PR Nos. 18-0731-0297, 18-0731-0298		
			PURPOSE: For LHIO Ilocos Sur	TOTAL	26,500.00

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.

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: <u>Jose A. Mones</u> Fiscal Controller III	Funds Available in the amount of: <u>26,500.00</u> <u>Jane C. Ragos</u> FC IV / FMS Chief	APPROVED:  <u>ALBERTO C. MANDURIAO</u> Regional Vice President, PRO1
With in the COB: <u>[Signature]</u>	Expense Code: <u>[Signature]</u>	
Budget: <u>[Signature]</u>	Remarks: <u>[Signature]</u>	
Conforme: <u>Joseph S. Formoso</u> Signature over Printed Name and Position of Authorized Representative	Date: <u>8/29/18</u>	Date: <u>          </u>

COA ni transil