



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.: 9215454267

Supplier Registered with: 296-216-018-000 NV

PO No. 18-131

Date: 8/20/2018

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within on August 25, 2018 from receipt hereof the following:

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NO.	QTY	UNIT	ITEM DESCRIPTION	TOTAL AMOUNT
	52	pax	MEALS (AM Snack & Lunch)	26,000.00
			<i>Note: Will provide extra tables and chairs for participants</i>	
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxx	
			<b>TOTAL</b>	<b>26,000.00</b>
			Less: VAT (3%)	780.00
			EWI (1%)	260.00
			PR No. 18-0802-0305	
			PURPOSE: Conduct of ACA's Forum in the U.S. to Union	
			<b>TOTAL</b>	<b>24,960.00</b>

**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 their 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>\$6,000</u>	APPROVED:
<u>[Signature]</u> JOSE A. MONES Fiscal Controller III	<u>[Signature]</u> JANE C. RAGOS FC IV / FMS Chief	ALBERTO C. MANDURIAO Regional Vice President, PRO1
Winn in the COB: <u>892518</u>		Paid by the Authority of Rep. PRO1
Expense Code: <u>0-274701002</u>		
Budget: <u>20,000-</u>		
Remarks: <u>CALL FOR BUREAU</u>		
Conformer:		Mariela H. Arzadon, M.D. Medical Officer VII
<u>[Signature]</u> <u>H. Arzadon</u> Signature over Printed Name and Position of Authorized Representative	Date: <u>07-24-18</u>	23 AUG 2018