

PHILHEALTH REGIONAL OFFICE I
COA
9-3-18
Received By: 18
Time: 10

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SAN JUAN RESORT DEVELOPMENT AND MANAGEMENT CORPORATION
Address: 111 Sur, San Juan, La Union
Tel./Fax No.: 072-682-8396 / 09225997767
Supplier Registered with: 488-708-056 V

PO No. 18-132

Date: 8/20/2018

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Please deliver to this office within on August 29-30, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
111	pax		MEALS (AM Snack & Lunch) for Government Employers	350.00	38,850.00
110	pax		MEALS (AM Snack & Lunch) for Private Employers	350.00	38,500.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	3,453.13	
			EWT (1%/1.12)	690.63	4,143.76
			PR Nos. 18-0730-0296, 18-0730-0295		
			PURPOSE: Conduct of PEER Forum and Training		
			TOTAL		73,206.24

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 MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU

AC IV / ASS Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>77,350</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. PAGOS PC IV / FMS Chief	ALBERTO C. MANDURIAO Regional Vice President, PRO1
Work in the COA	<u>CY 2018</u>	
Expense Code	<u>4201901002</u>	
Budget	<u>77,350</u>	
Remarks:	<u>ALL SET WPE</u>	
Conformer:	<u>Angela Ducusin</u>	
Signature over Printed Name and Position of Authorized Representative	Date: <u>8-28-18</u>	
		23 Date: <u>8</u>