

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ABULENCIA VIDEO PHOTOGRAPHY & CATERING SERVICES

PO No. 18-154

Address: Poblacion, Laoac, Pangasinan

Date: 9/13/2018

Tel. Fax No.: 9189519612

Terms of Payment: Charge

Supplier Registered with: 927-049-210-000 NV

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within September 18-26, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	665	pax	Meals	75.00	49,875.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX	TOTAL	49,875.00
			Less: VAT (3%)	1,496.25	
			EWT (1%)	498.75	1,995.00
			PR No. 18-0907-0332		
			PURPOSE: ALAGA KA Activity in LGU, Balingasa, Singamanay, Porembia, Rosales, Sison, Tayug and Udaneta City	TOTAL	47,880.00

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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
7. Partial delivery per item will not be accepted.


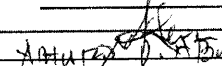
BY THE AUTHORITY OF THE

MARINE C. BRAVO
FISCAL CONTROLLER II

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>\$2,916.00</u>		APPROVED: _____ <div style="text-align: right; font-size: 1.5em;">17 SEP 2018</div>
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	<div style="border: 1px solid black; padding: 5px; text-align: center;"> BY THE AUTHORITY OF THE CHIEF, FM*  JOSE A. MONES FISCAL CONTROLLER III PHILHEALTH REGIONAL OFFICE I COA <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 9-18-18 </div> </div>
Within the COB: _____		
Expense Code: _____		
Budget: _____		
Remarks: _____		
Received By: _____ Time: _____		<div style="border: 1px solid black; padding: 5px; text-align: center;"> ALBERTO C. MANDURIAO Regional Vice President, PRO I </div>
Conformed: _____ <div style="text-align: center;">  <u>ALBERTO C. MANDURIAO</u> </div>		Date: <u>SEP. 17 2018</u>
Signature over Printed Name and Position of Authorized Representative		Date