



## Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bidg., Francisco Duque St., Tapuac District Dagupan City

## **PURCHASE ORDER**

POMM-P- 006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SEA & SKY HOTEL RESTAURANT
Address: San Fernando City, La Union

PO No. 18-156 Date: 9/13/2018

Tel.Fax No.: 072-607-5580 / 5582

Terms of Payment: Charge

Supplier Registered with: 006-107-965-000 V

Mode of Procurement: Negotiated Procurement-

Lease of Privately-Owned Venue

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	54	pax	MEALS (1 Lunch & 2 Snacks)	570.00	30,780.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	30,780.00
			Less: VAT (5%/1.12)	1,374.11	
			EWT (1%/1.12)	274.82	1,648.93
			PR Nos. 18-0905-0329		
		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	PURPOSE: Training on the Teaching of Philhealth Learner's Material for grade 10 Students of Public Schools in the Province of La Union	TOTAL	29,131.07

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 thier 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.

MARIMEL C. BRAVO FISCAL CONTROLLER II	Very truly yours,  (2)  (2)  (2)  (2)  (2)  (3)  (4)  (5)  (5)  (7)  (7)  (7)  (7)  (7)  (7
Certified Budget Available: Funds Available in the amount of:	APPROVED:
Fiscal Controller III FETV/FMS Chief POLL PHILHEALTH REGIONAL OFFICE COA	
With in the COB:  Expense Code:	ALBERTO C. MANDURIAO
Bdget Received By Time:	Regional Vice President, PRO1
Conforme:	
Date: 9 80 K	
Signature over Hrinted Name and Position of Authorized Representative	Date
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