

paid 11:20 9/18

new 9/13



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

PHILHEALTH REGIONAL OFFICE I
COA

SEP 19 2018

POMM-P-006

Received By: 10
Time: 10

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JAVA HOTEL
Address: 55-B Gen. Segundo Ave., Laoag City
Tel.Fax No.: 077-770-5996-97
Supplier Registered with: 102-198-527 V

PO No. 18-158
Date: 9/13/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Please deliver to this office within on September 20-21, 2018 from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|------------|--------------|
| | 120 | pax | AM & PM Snacks | 150.00 | 18,000.00 |
| | 10 | pax | Lunch | 350.00 | 3,500.00 |
| | 120 | pax | AM & PM Snacks | 150.00 | 18,000.00 |
| | 10 | pax | Lunch | 350.00 | 3,500.00 |
| | | | XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX | TOTAL | 43,000.00 |
| | | | Less: VAT (5%/1.12) | 1,919.64 | |
| | | | EWT (1%/1.12) | 383.93 | 2,303.57 |
| | | | PR Nos. 18-0822-0313 | | |
| | | | PURPOSE: PEER's Forum | TOTAL | 40,696.43 |

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

BY THE AUTHORITY OF THE

MARICEL C. BRAUN
FISCAL CONTROLLER

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

| | | |
|---|--|--|
| Certified Budget Available: Funds Available in the amount of: <u>43,000.00</u> JOSE A. MONES Fiscal Controller III JANE C. RAGOS FCW / FMS Chief With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ <u>MAR PRECIOUS MANDURIAO</u> Date: <u>9/18/18</u> Signature over Printed Name and Position of Authorized Representative | | APPROVED: _____ ALBERTO C. MANDURIAO Regional Vice President, PRO1 _____ Date |
|---|--|--|