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

POMM-P 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: EL JARDINE FOOD CATERING AND MANAGEMENT SERVICES
Address: Alvear St., Airport Rd., Lingayen, Pangasinan
Tel.Fax No.: 9215651565
Supplier Registered with: 922-084-772-000 NV

PO No. 18-165
Date: 9/24/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *on October 4-5, 2018* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	55	pax	MEALS (AM, PM Snacks and Lunch)	600.00	33,000.00
2	21	pax	MEALS (AM, PM Snacks and Lunch)	600.00	12,600.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx	TOTAL	45,600.00
			Less: VAT (3%)	1,368.00	
			EWT (1%)	456.00	1,824.00
			PR No. 18-0904-0328		
			PURPOSE: PRO 1 Orientation and Hands On Training on CSMS & IT Forum	TOTAL	43,776.00

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 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.

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: 75,600.00

JOSE A. MONES
Fiscal Controller III

JANE C. HAGOS
FOD IV / FMS Chief

With in the CDB:
Expense Code:
Budget:
Remarks:

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

Conforme:

Date: 10-03-18

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

By the authority of the RVP:
MARICAR M. ARZADON, M.D.
MD VII/ACDMD Chief, PRO1

Date
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