

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: URDANETA ROASTERS FOODLINE INC.
Address: GF 17-22 Mac Arthur Highway, Nancayasan, Urdaneta City
Tel. Fax No.: 540-2413
Supplier Registered with: 009-020-256-000 V

PO No. 18-170

Date: 10/2/2018

Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement
Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
				350.00	29,050.00
	83	pax	MEALS		
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	29,050.00
			Less: VAT (5%/1.12)	1,296.88	
			EWT (1%/1.12)	259.38	1,556.26
			PR No. 18-1001-0355		
			PURPOSE: Conduct of MOA signing for the replication and expansion of Sulit at Dekalid na Benepisyong PhilHealth	TOTAL	27,493.74

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 to 3:00PM on working days on or before the date stipulated in the PO.

BY THE AUTHORITY OF THE

MARIMEL C. BRAVO
FISCAL CONTROLLER

By the authority of The MSD Chief

EDWARD Q. ESPIRITU
AO IV / ASS CHIEF

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 29,050.00

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the COB: 10/2/2018

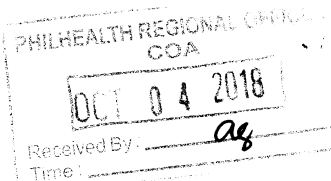
Expense Code: 101010101

Bdget: 101010101

Remarks:

Conforme: ERNEST B. PABLO
Signature over Printed Name and Position of Authorized Representative
CHIEF MANAGER

Date: 10-04-18



APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE RVP
MARICAR M. ARZADON MD
MEDICAL OFFICER VII

Date