



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

PHILHEALTH REGIONAL OFFICE I
 COA
OCT 15 2018
 Received By:
 Time:

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **FOOD MAGIC, INC.**
 Address: **Rizal St. Poblacion, Mangaldan, Pangasinan**
 Tel.Fax No.: **523-5977**
 Supplier Registered with: **006-389-260-000 VAT**

PO No. **18-172**
 Date: **10/10/2018**
 Terms of Payment: **COD**
 Mode of Procurement: **Negotiated Procurement**
Small Value Procurement

Please deliver to this office within **October 15, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	130	pax	MEALS (1 Snacks and Lunch)	250.00	32,500.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx	TOTAL	32,500.00
			Less: VAT (5%/1.12)	1,450.89	
			EWI (1%/1.12)	290.18	1,741.07
			PR No. 18-0926-0349		
			PURPOSE: Conduct of PhilHealth ALAGA KA in celebration of Elderly Filipino Week	TOTAL	30,758.93

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.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>32,420</u> JOSE A. MONES Fiscal Controller III JANE C. MAGOS PC IV / FMS Chief With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ Mark Anthony M. Soberano ARM3 Date: Oct 11, 2018 Signature over Printed Name and Position of Authorized Representative	APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRC Date: _____
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COA m trans (mailed)

10/12/18