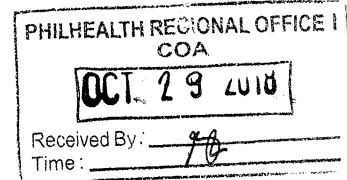




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **RICAFORT-TEE CATERING SERVICES** PO No. **18-176**
 Address: **Narciso Ramos Sports and Civic Center, Lingayen, Pangasinan** Date: **10/17/2018**
 Tel Fax No.: **632-6850** Terms of Payment: **Charge**
 Supplier Registered with: **937-296-658-000 V** Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within **October 25-26, 2018** from receipt hereof the following:

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
44	pax	MEALS (AM & PM Snacks, Lunch) for 2 days	750.00	66,000.00
		XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	66,000.00
		Less: VAT (5%/1.12)	2,946.43	
		EWT (1%/1.12)	589.29	3,535.72
		PR No. 18-1002-0359		
		PURPOSE: Conduct of PRO 1 2018 Legal Forum/ Anti-Fraud Awareness	TOTAL	62,464.28

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.
- Phi Health 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.
- Partial delivery per item will not be accepted.

BY THE AUTHORITY OF THE

By the authority of the MSD Chief

Very truly yours,

MARIMEL C. BRAVO
FISCAL CONTROLLER III

FORWARD Q. ESPIRITU
ADMINISTRATIVE OFFICER IV

CYNTHIA S. SANTOS
 DIVISION CHIEF IV / MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>66,000.00</u> JOSE A. MONES Fiscal Controller III JANE C. FAGOS FCTV / FMS Chief With in the COB: <u>2018</u> Expense Code: <u>5020201001A</u> Edget: <u>66,000.00</u> Remarks: <u>HO Support</u> Conformed: _____ Signature over Printed Name and Position of Authorized Representative <u>Janette D. Manaois</u> <u>10-29-2018</u> Date:	APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE RVP, PRO 1 JANETTE D. MANAOIS, ML SECTION HEAD -BAS Date <u>10/18/18</u>
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