



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

PHILHEALTH REGIONAL OFFICE I
COA
10-29-18
Received By: FB
Time:

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **KUYA MAX RESTAURANT**
Address: **De Venecia Road, Lucao District, Dagupan City**
Tel. Fax No.: **523-5629**
Supplier Registered with: **907-516-576-002 V**

PO No. **18-177**
Date: **10/18/2018**

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

Please deliver to this office within **October 24, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	23	pax	MEALS (AM & PM Snacks, Lunch)	600.00	13,800.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	13,800.00
			Less: VAT (5%/1.12)	616.07	
			EWT (1%/1.12)	123.21	739.28
			PR No. 18-1005-0371		
			PURPOSE: Conduct of Accreditation and Quality Assurance Forum	TOTAL	13,060.72

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.
- Partial delivery per item will not be accepted.

IN THE AUTHORITY OF THE

MARIMEL C. BRAVO
FISCAL CONTROLLER III

Certified Budget Available:

JOSE A. MONES
Fiscal Controller III

Within the COB:

Expense Code:

Object:

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

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

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

BY THE AUTHORITY OF THE RVP, PRO 1

JANETTE D. MANAOIS, MD
SECTION HEAD - BAS

Date