



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MCCAROL FOODS INCORPORATED**

PO No. **18-179**

Address: **Tapuac District, Dagupan City**

Date: **10/18/2018**

Tel.Fax No.: **540-9335**

Terms of Payment: **COD**

Supplier Registered with: **009-228-108-000 V**

Mode of Procurement: **Negotiated Procurement
 Small Value Procurement**

Please deliver to this office within **on October 21, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	410	pax	MEALS (Snacks)	112.00	45,920.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	45,920.00
			Less: VAT (5%/1.12)	2,050.00	
			EWI (1%/1.12)	410.00	2,460.00
			PR No. 18-0926-0350		
			PURPOSE: For the conduct of IEC to Stakeholders/Members (Philippine Dental Association - Pangasinan Chapter)	TOTAL	43,460.00

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 to incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, 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 their office or influence the actions of directors or employees, or create the appearance of 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 at 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.

BY THE AUTHORITY OF THE

MARINEL C. BRAVO
 FISCAL CONTROLLER III

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: <u>45,920.00</u> JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ Conforms: _____ Signature over Printed Name and Position of Authorized Representative: _____ Date: <u>Oct 19, 2018</u>	APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE RVP, PRO1 JANETTE D. MANAOIS, MD REGIONAL HEAD - PAS Date: <u>10/19</u>
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