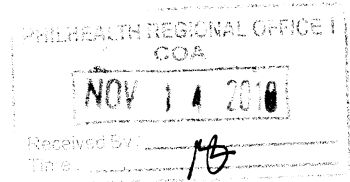




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **DAGUPAN VILLAGE HOTEL**

PO No. **18-184**

Address: **Lucao District, Dagupan City**

Date: **10/23/2018**

Tel.Fax No.: **522-3011-12 / 523-3801**

Terms of Payment: **Charge**

Supplier Registered with: **947-688-135-000 V**

Mode of Procurement: **Negotiated Procurement-**

Lease of Privately-Owned Venue

Please deliver to this office within **on October 31, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	40	pax	MEALS (AM, PM Snacks & Lunch)	750.00	30,000.00
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	1,339.29	
			EWT (1%/1.12)	267.86	1,607.15
			PR No. 18-0912-0334		
			PURPOSE: For the conduct of PRO I Document Custodians' Forum	TOTAL	28,392.85

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 FC III

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>30,000.00</u> JOSE A. MONES Fiscal Controller III JANE C. RAGOS FC IV / FMS Chief MARIMEL C. BRAVO FISCAL CONTROLLER II		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1
With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative Date: <u>Nov. 14, 2018</u>		
		Date: <u>10/24/18</u>

the email: 10/25/18