

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
1 Mill Commercial Bldg., Francisco Duguid St., Tabbac District, Dagupan City

PHILHEALTH REGIONAL OFFICE I
COA
OCT 29 2018
Received By:
Time:
POMM 8.00

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: TRISHLAND RESORT
Address: Rizal St., Pob. Mangaldan, Pangasinan
Tel.Fax No.: 653-0558
Supplier Registered with: 266-252-484-000 V

PO No. 18-185
Date: 10/23/2018
Payment: Charge
Requirement: Negotiated Procurement
Lease of Privately-Owned Venue

Please deliver to this office within on October 29-30, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	42	pax	MEALS (AM, PM Snacks & Lunch) for 2 days xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx	650.00	54,600.00
			Less: VAT (5%/1.12)	2,437.50	
			EWT (1%/1.12)	487.50	2,925.00
			PR No. 18-1002-0367		
			PURPOSE: For the conduct of training on Communication Skills for PRO 1 Employee		
			TOTAL		51,675.00

Terms & Conditions:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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 their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
4. 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.
5. 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.
6. 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 F.C.I.

MERLIE C DORIA
FC-III

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of <u>54,600.00</u>		APPROVED:
JOSE A. MONES Fiscal Controller III		BY THE AUTHORITY OF THE  MARIMEL C. BRAVO FISCAL CONTROLLER II
JANE C. RAGOS <i>Original</i> FC IV / FMS Chief		
With in the COB: <u>2/18</u>		
Expense Code: <u>754-1027</u>		
Budget: <u>754-1027</u>		
Remarks: _____		ALBERTO C. MANDURIAO Regional Vice President, PRO1
Conformer: _____		<u>2/20/18</u>
Signature over Printed Name and Position of Authorized Representative		Date