



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: **JEMEL'S CATERING**
Address: **Sabaro, Poblacion, Pangasinan**
Tel. Fax No.:
Supplier Registered with: **936-686-492 NV**

PO No. **18-186**

Date: **10/24/2018**

Terms of Payment: **Charge**

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

Please deliver to this office within **on November 8-9, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	30	pax	AM Snacks for 2 days	150.00	9,000.00
	5	pax	Lunch for 2 days	250.00	2,500.00
	30	pax	PM Snacks for 2 days	150.00	9,000.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	20,500.00
			Less: VAT (3%)	615.00	
			EWT (1%)	205.00	820.00
			PR No. 18-1010-0378		
			PURPOSE: For the conduct of PhilHealth PEER's Forum in LHIO Western Pangasinan	TOTAL	19,680.00

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 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 and on before the date stipulated in the PO.

BY THE AUTHORITY OF THE

MARIMEL C. BRAVO
FISCAL CONTROLLER II

PHILHEALTH REGIONAL OFFICE
COA

11-5-2018

Received By: **As**

Time: **10:25:18**

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **20,500.00**

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

BY THE AUTHORITY OF THE CHIEF, FMS

JOSE A. MONES
FISCAL CONTROLLER III

With in the COB:

Expense Code:

Edget:

Remarks:

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

Conforme:

Melinda R. Corbillion
Signature over Printed Name and Position of Authorized Representative

Date: **11-5-18**

Date