

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bidg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

Lease of Privately-Owned Venue

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	1966 REAL ESTATE CORPORATION	PO No.	18-202
Address:	112 Guisad Surong, Baguio City, Benguet	Date:	11/21/2018
Tel.Fax No.:		Terms of Payment:	Charge
Supplier Re	gistered with: 438-047-074-001 V	Mode of Procurement:	Negotiated Procurement-

Please deliver to this office within on December 7-8, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	70	70 рах	Room Accommodation for 1 night (Deluxe, Family Suite and Villa)	2,500.00	175,000.00
	colors and law idealoring		Meals (breakfast, lunch, dinner, AM & PM Snacks w/ free flowing coffee/tea/powdered juice)		
	produce on the Contract of		Use of PA System, LCD Projector and Function Hall-may extend use, free of charge		
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	175,000.00
			Less: VAT (5%/1.12)	7,812.50	
			EWT (2%/1.12)	3,125.00	10,937.50
			PR No. 18-1015-0388		the second secon
			PURPOSE: HCDMD Year-End Performance Assessment for CY 2018	TOTAL	164,062,50

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 thier 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.

THE AUTHORITY OF THE FOIL	By the authority of the MSD Chief	Very truly yours,
MARIMET C. BRAVO	EDWARD Q. ESPIRITU AO IV / ASS Chief ()	CYNTHIA S. SANTOS Division Chief IV / MSD Chief
Certified Budget Available: Funds Available in the JOSE A. MONES Fiscal Controller III With in the COB: Expense Code: 105,000-00 Remarks: FUND FUND	PHILHEALTH REGIONAL OFFICE I COA II- 29-18 Received By: Ost	APPROVED: Cynthig S, Santos División Chief IV OIC- ORVP, PROI
Conforme: TLINA A DAMID AD ADMIN DESILITANT	Date: 11 - 28 - 2018	
Signature over Printed Name and Position of Auth	norized Representative	Date