

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: NORTHVIEW HOTEL PO No. 18-204
 Address: Brgy. 46 Nalbo Airport Ave. Laoag City Date: 11/21/2018
 Tel.Fax No.: 077-773-1689 Terms of Payment: Charge
 Supplier Registered with: 165-450-515-000 V Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Please deliver to this office within on December 4, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	38	pax	MEALS (Lunch, AM & PM Snacks)	650.00	24,700.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	1,102.68	
			EWT (1%/1.12)	441.07	1,543.75
			PR No. 18-1015-0387		
			PURPOSE: Forum on New PhilHealth Circulars and Policies		
			TOTAL		23,156.25

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 FOM

By the authority of the MSD Chief

Very truly yours,

MARIMEL C. BRAVO
FISCAL CONTROLLER III

EDWARD Q. ESPIRITU
 AO IV / ASS Chief

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>24,700.00</u> JOSE A. MONES Fiscal Controller III With in the COB: <u>2018</u> Expense Code: <u>20000000</u> Budget: <u>20000000</u> Remarks: <u>20000000</u> Conformer: <u>[Signature]</u> Date: <u>11/27/18</u> Signature over Printed Name and Position of Authorized Representative		APPROVED: <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> PHILHEALTH REGIONAL OFFICE I COA NOV 29 2018 Received By: <u>[Signature]</u> Time: _____ </div> <div style="text-align: right; margin-top: 20px;"> <u>[Signature]</u> 11/26/18 Cynthia S. Santos Division Chief IV CIC - ORVP, PRO1 </div>
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