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

POMM-P-004

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

PO No. 18-20
Date: 3/21/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Supplier: EL JARDINE FOOD CATERING AND MANAGEMENT SERVICES
Address: Alvcar St., Airport Road, Lingayen, Pangasinan
Tel.Fax No.: 9215651565
Supplier Registered with: 922-084-772-000 NV

Please deliver to this office within March 23, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	527	pax	Snacks	80.00	42,160.00
			xxxxxxxxxxxxxxxxxxxxxx Nothing follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (3%)	1,264.80	1,686.40
			EWT (1%)	421.60	
			PR No. 18-0315-0159		
			PURPOSE: ALAGA KA KALOSA Activity for the inmates of Lingayen Provincial Jail	TOTAL	40,473.60

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 shall be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

BUDGET ALLOCATION
8 0 3 0 2 5 7

Very truly yours,

JANE C. RAGOS
[illegible] MSD Chief

Certified Budget Available:	Funds Available in the amount of: 42,160	APPROVED:
JOSE A. MONES, Fiscal Controller	EDWARD Q. ESPIRITU, AD V / FMS CHIEF	MARICAR M. ANZADON, M.D., MD VII / MSD Chief, OIC SVP, PRO1

Warranty COA
Expense Code
Budget
Remarks

PHILHEALTH REGIONAL OFFICE I
COA
3-27-18
Received By: ______
Time: ______

Conforme:

SUZETTE C. ABAD
Date: 3-22-18

Signature over Printed Name and Position of Authorized Representative

Date