

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: HOTELINDA SUITES
Address: Rivero St., Brgy. VIII, Vigan City, Ilocos Sur
Tel./Fax No.: 077-722-2402
Supplier Registered with: 102-277-382-000 V

PO No. 18-217
Date: 11/22/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Please deliver to this office within on December 5, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pax	AM Snacks	100.00	10,000.00
	5	pax	Lunch	250.00	1,250.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	11,250.00
			Less: VAT (5%/1.12)	502.23	
			EWT (1%/1.12)	100.45	602.68
			PR No. 18-1105-0398		
			PURPOSE: PEERs Forum In LHIO Ilocos Sur	TOTAL - NET	10,647.32

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.

BY THE AUTHORITY OF THE FC III

Very truly yours,

11/22
HERLIE C. DORIA
FISCAL CLERK III

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>11,250.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
With in the COB:	PHILHEALTH REGIONAL OFFICE I COA NOV 28 2018	
Expense Code:	Received By: <u>as</u>	ALBERTO C. MANDURIAO Regional Vice President, PRO1
Budget:	Time:	
Remarks:		
Conformer:		26 NOV 2018
Signature over Printed Name and Position of Authorized Representative	Date: <u>11-27-18</u>	Date