Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible]

FOMM-P- 005

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: BAN-AW RESORT / SACRED HEART SAVINGS COOPERATIVE
Address: Bagani Gabor, Candon City, Ilocos Sur
Tel./Fax No.: 0917-799-9181
Supplier Registered with: 263-834-145-020 NV

PO No. 18-218
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 7-8, 2018* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	15	pax	Dinner	250.00	3,750.00
	4	rooms	Hotel Accommodation for 15 employees	2,700.00	10,800.00
	18	pax	Am Snacks	200.00	3,600.00
	18	pax	Lunch	150.00	2,700.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	20,850.00
			Less: VAT (3%) (meals & accommodation)	625.50	
			EWT (1%) (meals)	100.50	
			EWT (2%) (accommodation)	216.00	942.00
			PR No. 18-1114-0407		
			PURPOSE: Year-End Performance Review, SPMS Checkpoint and Final Rating Review Meeting and HRD Focus for Team Building Activity	TOTAL - NET	19,908.00

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 their 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

MERLIE C. DORIA
FISCAL CLERK II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

JOSE A. MONES
Fiscal Controller III

Funds Available in the amount of: 20,850.00

JANE C. RAGOS
Dir IV / FMS Chief

With in the COB
Expense Code
Fund
Remarks

PHILHEALTH REGIONAL OFFICE I
COA
NOV 29 2018
Received By: AS
Time :

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO I

26 NOV 2018
Date

Conforme:

SOLLY JAY B. BAGAY
Signature over Printed Name and Position of Authorized Representative
RESORT MANAGER

Date: 11-28-18