Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
(NO) Commercia Bldg., Francisco Duque St., Tagbac District Dagupan City

POMM-P 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: ABULENCIA VIDEO PHOTOGRAPHY AND CATERING SERVICES
Address: Poblacion, Laoac, Pangasinan
Tel.Fax No.: 9189519612
Supplier Registered with: 927-049-270 NV

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

Please deliver to this office within March 23 & 26, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,024	pax	Snacks	45.00	46,080.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (3%)	1,382.40	
			EWT (1%)	460.80	1,843.20
			PR No. 18-0315-0161		
			PURPOSE: ALAGA KA Activity for PHILHEALTH Grand NHTS-PR Beneficiaries	TOTAL	44,236.80

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 [illegible] notice, PhilHealth shall demand full refund of payment made in case of "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.

PHILHEALTH REGIONAL OFFICE
COA
3-26-18
Received By: [illegible]
Time :

Very truly yours,

JANE C. RAGOS
FOCV / ASS CHIEF / OIC MSD CHIEF

18030259

Certified Budget Available / Funds Available in the amount of 44,080.00

JOSE A. MONES
Supt Comptroller II

EDWARD Q. ESPIRITU
AO IV / FMS Chief

APPROVED

MARICAR M. ARZADON, M.D
VO VI / MSD Chief
OIC RVP, PRO1

Conforme:

GINALYN ABULENCIA 3/22/18

Signature over Printed Name and Position of Authorized Representative

Date

COA on Travel
3.23.18