PHILHEALTH REGIONAL OFFICE I
COA
DEC 10 2018
Received By: ________
Time: ________

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: ABULENCIA VIDEOGRAPHY & CATERING SERVICES — PO No. 18-221
Address: Poblacion, Laoag, Pangasinan — Date: 12/3/2018
Tel.Fax No.: 9189519612 — Terms of Payment: Charge
Supplier Registered with: 927-049-210 NV — Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *on December 12, 2018* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pax	Snacks	145.00	14,500.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	14,500.00
			Less: VAT (3%)	435.00	
			EWT (1%)	145.00	580.00
			PR No. 18-1119-0413		
			PURPOSE: For the conduct of PhilHealth [illegible] Program for Sponsored Members in LHIO Eastern Pangasinan	TOTAL - NET	13,920.00

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 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 [illegible]

MARIMEL C. BRAVO
FISCAL CONTROLLER II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of: 14,500.00

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

APPROVED

ALBERTO C. MANDURIAO
Regional Vice President, PRO I

Conforme:

GINALYN V. ABULENCIA — Dec 6, 2018
Signature over Printed Name and Position of Authorized Representative — Date

Date

coa m [illegible], emailed m 12/6/18