



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
(NU), Commercial Bldg., Francisco Dulque St., Taguig District, Taguig City

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JAMC CATERING SERVICES  
Address: 108 Brgy. Camansi, San Fernando City, La Union  
Tel./Fax No.:  
Supplier Registered with: 296-216-018 NV

PO No. 18-244  
Date: 12/13/2018  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within on December 14, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	22	pax	MEALS	750.00	16,500.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	16,500.00
			Less: VAT (3%)	495.00	
			EWT (1%)	165.00	660.00
			PR No. 18-1211-0436		
			PURPOSE: LHIQ La Union Christmas Activity Year-end Celebration	TOTAL - NET	15,840.00

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased and tax receipts should be submitted by the supplier.
- 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.
- 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.
- 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.
- 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

JOSE A. MONES  
Fiscal Controller III

By the authority of the MSD Chief

EDWARD Q. ESPIRITU  
AC IV / ASS Chief

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available. Funds Available in the amount of: 16,500.00

JOSE A. MONES  
Fiscal Controller III

JANE C. RAGOS  
FC-IV / FMS Chief

1. In the CDB

2. In the CDB

3. In the CDB

4. In the CDB

5. In the CDB

APPROVED

CYNTHIA S. SANTOS  
MSD CHIEF / OIC-DRVP

Signature over Printed Name and Position of Authorized Representative

Date