



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

POMM-P-006

PURCHASE ORDER - SUPPLEMENTAL

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CITY DE LUXE

Address: Tapuac District, Dagupan City

Tel.Fax No.: 522-9880

Supplier Registered with: 006-398-243-000 V

PO No. 18-248_S17-210

Date: 12/19/2018

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement -
Lease of Privately-Owned Venue

Please deliver to this office within on November 19-23, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	pax	MEALS (AM & PM Snacks, Lunch)	470.00	4,700.00
	30	pax	Increase in rate per meal (P470 (new rate) - P450 (old rate) = P20 x 30 participants x 5 days - per PO No. 17-210)	20.00	3,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	7,700.00
			Less: VAT (5%/1.12)		343.75
			PR No. 18-1002-0363		
			PURPOSE: Conduct of SDC Track 2&3 to selected PRO 1 regular employees	TOTAL	7,356.25

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 thier 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

MARIMEL C. BRAVO
FISCAL CONTROLLER III

By the authority of the MSD Chief

EDWARD Q. ESPIRITU
AO IV / ASS CHIEF

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 7,700.00

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the COB:

Expense Code:

Budget:

Remarks:

Conforme:

Date:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

MARICAR M. ARZADON, M.D.

MO VII / OIC-ORVP

Date