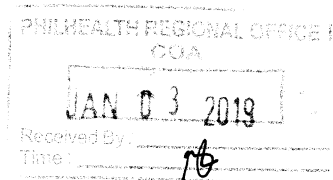




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tague District, Dagupan City



POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ALEXANDRIA'S RESTAURANT AND CATERING SERVICES

Address: Brgy. 1, San Nicolas, Ilocos Norte

Tel./Fax No.: _____

Supplier Registered with: 303-776-141-000 NV

PO No. 18-255

Date: 12/22/2018

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on December 29, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	17	pax	MEALS (AM & PM Snacks, Lunch and Dinner)	1,470.588	25,000.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx	TOTAL	25,000.00
			Less: VAT (3%)	750.00	
			EWT (1%)	250.00	1,000.00
			PR No. 18-1211-0438		
			PURPOSE: IHCN Ilocos Norte Year End Assessment 2018	TOTAL - NET	24,000.00

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 ~~MSD Chief~~

Very truly yours,

EDWARD Q. ESPIRITU

AG IV / ASS Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>25,000.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS EC IV / FMS Chief	
With in the CDB:		
Expense Code:		
Bdget:		
Remarks:		
Conforme:		
<u>Jaymarie S. Carpio</u> Signature over Printed Name and Position of Authorized Representative	Date: <u>12/28/18</u>	
		ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE RVP, PRO 1
		<u>MARLENE D. SOLIBA, MD</u> MEDICAL SPECIALIST IV Date