



POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: RICAFORT-TEE CATERING SERVICE
Address: Narciso Ramos Sports and Civic Center, Lingayen, Pangasinan
Tel.Fax No.: 0932-101-2241 / 632-6850
Supplier Registered with: 937-296-658-000 V

PO No. 18-259
Date: 12/28/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within January 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	40	pax	MEALS (AM & PM Snacks, Lunch) for 2 days	750.000	60,000.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	60,000.00
			Less: VAT (5%/1.12)	2,678.57	
			EWT (1%/1.12)	535.71	3,214.28
			PR No. 18-1204-0429		
			PURPOSE: For the conduct of training on Nurturing a Culture of Accountability for PRO I Employees	TOTAL - NET	56,785.72

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
MARIMEL C. BRAYC
FISCAL CONTROLLER III

By the authority of the MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU

AO IV / ASS Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>60,000.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. MAGOS FCT IV / FMS Chief	MARICAR M. ARZADON, M.D. MO VII / OIC-ORVP
With in the COB:		
Expense Code:		
Bdget:		
Remarks:		
Conforme:		
Signature over Printed Name and Position of Authorized Representative	Date: <u>Dec 28 2018</u>	Date