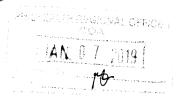


Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION





POMM-P- 006

Small Value Procurement

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	RICAFORT-TEE CATERING SERVICE	PO No.	18-259
Address:	Narciso Ramos Sports and Civic Center, Lingayen, Pangasinan	Date:	12/28/2018
Tel.Fax No.:	0932-101-2241 / 632-6850	Terms of Payment:	Charge
Supplier Reg	istered with: 937-296-658-000 V	Mode of Procurement:	Negotiated Procurement-

Please deliver to this office within Japuary 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
1			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	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 1 Employees	TOTAL - NET	56,785.72

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 compliant of Corper No. 2018-2015 entitled. Reiteration of Phi Health No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No Phi Health personnel shall so icit, demand, or accept directly, or indirectly, any gift from any person, group association, or judic a 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.
- 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.

THE AUTHORITY OF THE		By the autho	ority of the MSD Chie	Very tru	ly yours,
ARIMEL C. BRAVE		ED		1.54. A	CYNTHIA S. SANTOS
Certified Budget Available:	Funds Available in the amount of:	60,000 00	AO IV / ASS Chief	APPROV	Division Chief IV / MSD Chief 'ED:
OSE A. MONES	JANE C. LAGOS				
iscal Controller III	FC IV / FMS Chief				/
Vith in the COB:					m
xpense Code:					MARICAR M. ARZADON, M.D.
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Conforme:	exi-1	Date:	28 W	18	
Signature over Printed Na	me and Position of Authorized Repr			-	Date