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

PHILHEALTH REGIONAL OFFICE I
COA
JAN 09 2019
Received By:
Time:

POMM-P-006

PURCHASE ORDER - SUPPLEMENTAL

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: HOTELINDA SUITES
Address: Rivero St., Brgy. VIII, Vigan City, Ilocos Sur
Tel.Fax No.: 077-722-2402
Supplier Registered with: 102-277-382-000 V

PO No. 18-260 5228
Date: 12/28/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately Owned Venue

Please deliver to this office within *on December 12, 2018* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	9	pax	MEALS (Lunch, AM & PM Snacks)	450.00	4,050.00
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	4,050.00
			Less: VAT (5%/1.12)		180.80
			PR No. 18-1220-0441		
			PURPOSE: Forum on New PhilHealth Circulars and Policies	TOTAL - NET	3,869.20

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 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.
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

MARIMEL C. BRAVO
FISCAL CONTROLLER

By the authority of the MSD Chief

EDWARD O. 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: 4,050.00

JOSE A. MONES
Fiscal Controller III

JANE C. PAGOS
FC IV / FMS Chief

With in the COB:
Expense Code:
Budget:
Remarks:

APPROVED:

MARICAR M. ARZADON, M.D.
MO VII / OIC-ORVP I

Date

Conforme:

NIMFA P. BERNARDO Date: 12/28/18

Signature over Printed Name and Position of Authorized Representative