



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
1NU, Commercial Bldg., Francisco Duque St., Tapanac District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ALEXANDRIA'S RESTAURANT AND CATERING SERVICES

PO No. 18-37

Address: San Nicolas, Ilocos Norte

Date: 4/17/2018

Tel/Fax No.: _____

Terms of Payment: Charge

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

Mode of Procurement: Negotiated Procurement

Small Value Procurement

Please deliver to this office within on April 21, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pax	Meals and Snacks	595.00	11,900.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)	357.00	
			EWT (1%)	119.00	476.00
			PR No. 18-0404-0176		
			PURPOSE: Conduct of Employees' Day in LNU Ilocos Norte		
			TOTAL		11,424.00

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.

BUDGET ALLOCATION NO

78040148

By the authority of the MSD Chief

Very truly yours,

JANE C. RAGOS

FC IV / ASS CHIEF

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: <u>11900.00</u>		APPROVED:	
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / FMS CHIEF	<div>PHILHEALTH REGIONAL OFFICE COA 4-23-18 Received By: <u>RB</u> Time: _____</div> <div>MARICAR M. ARZADON, M.D. MO VII / MSD CHIEF DIE - CRVP</div>	
With in the COB: <u>2018</u>			
Expense Code: <u>78040148</u>			
Budget: <u>11900.00</u>			
Remarks: <u>Support</u>			
Conforme: <u>Jaymarie S. Carpio</u>		Date: <u>4/20/18</u>	
Signature over Printed Name and Position of Authorized Representative		Date: <u>4/19/18</u>	

COA on Travel
4/19 - 20/18