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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: ABULENCIA VIDEO PHOTOGRAPHY & CATERING SERVICES
Address: Poblacion Laoac Pangasinan
Tel Fax No.: 9189519612
Supplier Registered with: 0927-049-210-000 NV

PO No. 18-4
Date: 2/27/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within on February 28,2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	pcs	Medium Size Candle	28.00	56.00
	1	basket	Assorted Fruit	500.00	500.00
	10	packs	Candles	35.00	350.00
	10	packs	Biscuits	46.00	460.00
	10	packs	Chocolates	40.00	400.00
	1	box	Celebration Cake	400.00	400.00
	1	bot	Wine	369.00	369.00
	22	pcs	Balloons	20.00	440.00
	2	basket	Assorted Flowers	400.00	800.00
	15	pax	Meals	350.00	5,250.00
				TOTAL	9,025.00
			Less: VAT (5%/1.12)		402.90
			EWT (1%/1.12)		80.58
			xxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxx		
			18-0214-0111		
			PURPOSE: PhilHealth 23rd Anniversary	TOTAL	8,541.52

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. Purchase Order (PO) shal be accepted by the supplier before the delivery of goods and/ or services.
4. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
5. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
6. 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.
7. 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 office hours on working days on or before the date stipulated in the PO.

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER II

PHILHEALTH REGIONAL OFFICE 1
2-22-18
Received By:
Time:

Very truly yours,
MARICAR M. ARZADON, M.D.
MD VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 9,025.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

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

By the authority of the FMS, Chief:
Jose A. Mones
Fiscal Controller III
2/28/18

APPROVED:
ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSEE
Regional Vice President
Date

Conforme:
GINALYN ABULENCIA Date: 2/28/18
Signature over Printed Name and Position of Authorized Representative

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel