Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
1Ma. Concepcion Bldg., Francisco Duque III, Tarlac Street, Sta. Ana, Manila

FORM 9-105

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: YUMMY YAPPY CATERING AND EVENT SERVICES
Address: ## Brgy. Sta. Lucia, Narvacan, Ilocos Sur
Tel./Fax No.:
Supplier Registered with: 217-245-187-001 NV

PO No. 18-59
Date: 5/4/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within May 18, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	90	packs	AM Snacks and Lunch	450.00	40,500.00
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (3%)	1,215.00	
			EWT (1%)	405.00	1,620.00
			PR No. 18-0425-0193		
			PURPOSE: For the participation of FSO Campaign	TOTAL	38,880.00

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 the records 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 juridical 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.
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 or payment under "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 MGO Chief:
JANE C. BAGOS
Head, Admin Div.

MARICAR M. ARGAON, M.D.
MGO, Area Chief

BUDGET ALLOCATION No. 18050071

Certified Budget Allotment: Sufficient Funds available for the purpose of "Catering Services"

JOSE A. MONES
Head, Budget Div.

EDWARD G. ESPIRITU, CPA
Acting Cashier

APPROVED:

PHILHEALTH REGIONAL OFFICE I
COA
5-10-18
Received By: MG
Time:

Conforme:

MARIA JOY V. ARCHILA 5/8/18
Signature over Printed Name and Position of Authorized Representative