Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible] Commercial Bldg., Francisco Duque St., Tuguegarao City

FORM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JEMEL'S CATERING
Address: Alaminos City, Pangasinan
Tel./Fax No.:
Supplier Registered with: 936-686-492 NV

PO No. 18-60
Date: 5/4/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within May 8-10, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	480	pax	Meals & Snacks	814.00	390,720.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less: VAT (3%)	11,721.60	
			EWT (1%)	3,907.20	15,628.80
			PR No. 18-0419-0189		
			PURPOSE: For the conduct of Anual Summit	TOTAL	375,091.20

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. 3018-2015 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 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 MSD Chief
JOSE C. RAGOS
FD IV / ASS CHIEF

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

Certified Budget Available: Funds Available in the amount of 375,091.20

JOSE A. MONLEY
Finance Controller III

EDWARD O. ESPIRITU
AO IV / FMS CHIEF

Date of the OBR:
Expense Code:
Object:
Remarks:

PHILHEALTH REGIONAL OFFICE
COA
5-8-18
Received By:
Time:

APPROVED:

MARICAR M. ARZADON
MD VI / MSD CHIEF
OIC-Regional Vice President

5/9/18
Date

Conforme:
Melinda R. Carlillon Date 5-7-18
Signature over Printed Name and Position of Authorized Representative