PHILHEALTH REGIONAL OFFICE I
COA
5-23-18
Received By: [signature]
Time:

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: YUMMY YAPPY CATERING AND EVENT SERVICES
Address: #2 Brgy. Sta. Lucia, Narvacan, Ilocos Sur
Tel.Fax No.:
Supplier Registered with: 217-245-187-001 NV

PO No. 18-68
Date: 5/15/2018
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			Balloons		3,000.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx		
			Less: VAT (3%)		90.00
			PR No. 18-0510-0215		
			PURPOSE: For the Inauguration of PSO Candon		
				TOTAL	2,910.00

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 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 [illegible]
MARIMEL C. BRAVO
CONTROLLER II

By the authority of the MSO Chief
[signature] 5/15
JANE C. BAGOS
PO IV / ASS CHIEF

Very truly yours,
MARICAR M. ARZADON, M.D.
MO VII / MSO CHIEF

Certified Budget Available: Funds Available in the amount of 3,000.00

JOSE A. MONES
[illegible]

EDWARD Q. ESPIRITU
ACTG. [illegible] CHIEF

[signature] 5/16/18
FISCAL CONTROLLER III

APPROVED:
ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE RVP
[signature]
ATTY. MC DONALD B. MALICDEM
ATTORNEY IV
5/16/18
Date

Conforme:
[signature]
MARIA [illegible] MISOLA Date 5/17/18
Signature over Printed Name and Position of Authorized Representative