

PHILHEALTH REGIONAL OFFICE  
COA

5-25-18

Received By: AB  
Time: \_\_\_\_\_

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SEA AND SKY HOTEL  
Address: San Fernando City La Union  
Tel. Fax No.: 072-607-5580/82  
Supplier Registered with: 006-170-965-000 V

PO No. 18-74

Date: 5/23/2018

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-  
Lease of Privately-Owned Venue

Please deliver to this office within June 4, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	53	pax	AM & PM Snacks, Lunch with free flowing coffee and use of function hall	460.00	24,380.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	1,088.39	
			EWT (1%/1.12)	217.68	1,306.07
			PR No. 18-0507-0210		
			PURPOSE: Conduct of HCI Forum on Policy Updating in Sustaining Quality		
			<b>TOTAL</b>		<b>23,073.93</b>

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.

Very truly yours,

MARICAR M. ARZADON, M.D.  
MO VII / NMO CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>24,380.00</u>		APPROVED:  <u>ALBERTO C. MANDURIAO</u> Regional Vice President, PRO1
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITO AO IV / FMS CHIEF	
With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____		Date: <u>May 25, 2018</u> Signature over Printed Name and Position of Authorized Representative
_____		

Life then Francis  
5/28/18