

**PHILHEALTH REGIONAL OFFICE I
COA**

6-4-18

Received By: MB
 Time:

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MEL-SOL'S INN & RESORT
 Address: Cabaroan, Bantay, Ilocos Sur
 Tel. Fax No.: 077-674-0692
 Supplier Registered with: 920-952-476-000 V

PO No. 18-79
 Date: 5/31/2018
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Please deliver to this office within **June 7, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	65	pax	AM & PM Snacks	350.00	22,750.00
	65	pax	Lunch	400.00	26,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	48,750.00
			Less: VAT (5%/1.12)	2,176.34	
			EWT (1%/1.12)	435.27	2,611.61
			PR No. 18-0507-0210		
			PURPOSE: HCI Forum on Policy Updating in Sustaining Quality Engagement	TOTAL	46,138.39

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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.
- 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.
- 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 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 / MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>48,750.00</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU JR. AO IV / FMS CHIEF With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ Conforms: _____ <u>VIOLAT PANGANIBAN</u> Signature over Printed Name and Position of Authorized Representative Date: <u>06-01-18</u>	APPROVED: <u>ALBERTO C. MANDURIAO</u> Regional Vice President, PRO1 Date: _____
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