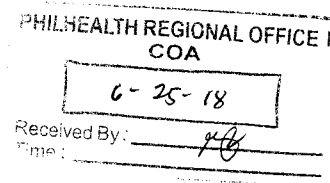




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **EL JARDINE FOOD CATERING AND MANAGEMENT SERVICES**

Address: **Alvear St. Airport Rd., Lingayen, Pangasinan**

Tel.Fax No.: **9215651565 / 09174160751**

Supplier Registered with: **922-084-772-000 NV**

PO No. **18-85**

Date: **6/22/2018**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within **on June 25, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	12	pax	MEALS (AM & PM Snacks, Lunch)	700.00	8,400.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (3%)		252.00
			PR No. 18-0621-0240		
			PURPOSE: Employee Orientation for Newly Hired Casual Employees		
			TOTAL		8,148.00

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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief-IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: _____		APPROVED:
JOSE A. MONES Fiscal Controller	EDWARD Q. ESPIRITU AO IV / FMS CHIEF	ALBERTO C. MANDURIAO Regional Vice President, PRO1
With in the COB: _____		
Expense Code: _____		
Bdget: _____		
Remarks: _____		
Conforme: _____ Leokadio J. Espino Signature over Printed Name and Position of Authorized Representative (writer = EL ESPIRITU)		Date: 6-25-18
		Date