

PHILHEALTH REGIONAL OFFICE I
COA
6-27-18
Received By: 18
Time: _____

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **JAMC CATERING SERVICES AND CANTEN**
Address: **108 Camansi, San Fernando City, La Union**
Tel.Fax No.: **9215454267**
Supplier Registered with: **296-216-018-000 NV**

PO No. **18-90**

Date: **6/26/2018**

Terms of Payment: **Charge**

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

Please deliver to this office within **on June 27, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	64	pax	SNACKS	150.00	9,600.00
	6	pax	LUNCH	250.00	1,500.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	11,100.00
			Less: VAT (3%)	333.00	
			EWT (1%)	111.00	444.00
			PR No. 18-0618-0239		
			PURPOSE: Conduct of ARRA (Authorized Remittance and Reporting Agents) Forum in LNU La Union	TOTAL	10,656.00

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 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 interfere 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.

BY THE AUTHORITY OF THE

By the authority of the MSD Chief

Very truly yours,

LETECIA L. RAVANCHO

FC III / OIC-MSD

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>11,100.00</u>		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / FMS CHIEF	ALBERTO C. MANDOURIAO Regional Vice President, PRO1
<p>With in the COB: _____</p> <p>Expense Code: _____</p> <p>Budget: _____</p> <p>Remarks: _____</p>		<p>26 JUN 2018</p> <p>Date</p>
<p>Conforme: <u>Marilyn Balberas</u></p> <p>Signature over Printed Name and Position of Authorized Representative</p>		

BY THE AUTHORITY OF THE CHIEF, FMS
JOSE A. MONES
FISCAL CONTROLLER III

Date: 06/26/18