



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: **DAGUPAN VILLAGE HOTEL**

PO No. **18-93**

Address: **Lucao District, Dagupan City**

Date: **7/3/2018**

Tel.Fax No.: **523-3801**

Terms of Payment: **Charge**

Supplier Registered with: **932-092-789-000 VAT**

Mode of Procurement: **Negotiated Procurement-**

**Lease of Privately-Owned Venue**

Please deliver to this office within **July 12, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
25	pax		MEALS (AM & PM Snacks, Lunch)	700.00	17,500.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	781.25	
			EWT (1%/1.12)	156.25	937.50
			PR No. 18-0621-0241		
			PURPOSE: For the conduct of Fund Management Section Mid-Year Performance Assessment & Training on Microsoft Excel		
			<b>TOTAL</b>		<b>16,562.50</b>

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 their 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.

PHILHEALTH REGIONAL OFFICE  
COA

Very truly yours,

7-5-18

CYNTHIA S. SANTOS

DC IV / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: **17,500.00**

Received By: **AG**

JOSE A. MONES

EDWARD Q. ESPIRITU

Fiscal Controller III

AO IV / FMS CHIEF

With in the COB: **17,500.00**

Expense Code: **17,500.00**

Bdget: **17,500.00**

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO  
Regional Vice President, PRO1

BY THE AUTHORITY OF THE RVP, PRO 1

JOSEPHINE Q. QUITON  
Division Chief IV

Date