



POMM-P- 006

## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: KUYA MAX GRILL, RESTAURANT FOODS ATBP.  
Address: De Venecia Rd., Lucao District, Dagupan City  
Tel.Fax No.: 9260161427  
Supplier Registered with: 907-516-676-000 VAT

PO No. 18-94

Date: 7/3/2018

**Terms of Payment: Charge**

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

Please deliver to this office within July 9 & 21, 2018 from receipt hereof the following:

Please deliver to this office within <u>July 9 &amp; 21, 2018</u> from receipt hereof the following.					
NO.	1	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
20	pax		MEALS (AM & PM Snacks, Lunch) on July 6, 2018	450.00	9,000.00
55	pax		MEALS (AM & PM Snacks, Lunch) on July 21, 2018	450.00	24,750.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	33,750.00
			Less: VAT (5%/1.12)	1,506.70	
			EWI (1%/1.12)	301.34	1,808.04
			PR No. 18-0628-0255		
			PURPOSE: Retooling on MCIS Processes and Conduct of Membership Forum for FOD & LHIOs, Batch 1	TOTAL	31,941.96

**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. SANTO  
DC IV / MSD CHIEF

<p>Certified Budget Available: Funds Available in the amount of: <u>99,750.00</u></p> <p><u>Jose A. Mones</u> <u>Edward O. Espiritu</u>  Fiscal Controller III AO IV / FMS Chief</p> <p>With in the COB: _____  Expense Code: _____  Bdget: _____  Remarks: _____</p> <p>Conforme: _____</p> <p><u>Charito D. Gutierrez</u> Date: <u>7-5-18</u></p> <p>Signature over Printed Name and Position of Authorized Representative</p>	<p>APPROVED:</p> <p><u>Alberto C. Manduriao</u>  Regional Vice President, PRO1</p> <p>By the authority of the RVP</p> <p><u>Maricar M. Arzadon</u> 05 JUL 20  MARICAR M. ARZADON, M.D.  MO VII / HCDMD Chief</p> <p>Date</p>
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