



FEB 19 2019
 18

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MARITES CATERING SERVICES
 Address: 23-A Burgos Extension Barangay IV, Dagupan City
 Tel.Fax No.: 515-6577
 Supplier Registered with: 923-481-438-000 NV

PO No. 2019-016
 Date: 2/18/2019
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within on February 20-21, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	72	pax	MEALS (AM Snacks and Lunch) - DAY 1	500.00	36,000.00
	57	pax	MEALS (PM Snacks) - DAY 1	130.00	7,410.00
	60	pax	MEALS (AM Snacks and Lunch) - DAY 2	500.00	30,000.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	73,410.00
			Less: VAT (3%)	2,202.30	
			EWT (1%)	734.10	2,936.40
			PR No. 19-0131-0112		
			PURPOSE: Conduct of Consultative Meeting and Re-Orientation with selected HCIs in Reducing RTH Claims	TOTAL	70,473.60

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.

By the authority of the MSD unit:

Very truly yours,

Edward Q. Espiritu
EDWARD Q. ESPIRITU
 ADMINISTRATIVE OFFICER IV

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>73,410.00</u> JOSE A. MONES Fiscal Controller III JANE C. RAGOS FC IV / FMS Chief With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____	APPROVED: <p style="text-align: center;">18 FEB 2019</p> <p style="text-align: center;">ALBERTO C. MANDURIAO Regional Vice President, PRO1</p>
Conforme: <p style="text-align: center;"><i>Edwin P. Claveria</i> Edwin P. Claveria Signature over Printed Name and Position of Authorized Representative</p> Date: <u>Feb. 19/19</u>	Date: _____