



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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: WEST LOCH PARK HOTEL
Address: Sto. Domingo, Ilocos Sur
Tel.Fax No.: 0917-876-5492
Supplier Registered with: 268-427-665-000 V

PO No. 2019-111
Date: 5/21/2019

Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Please deliver to this office within on May 31 - June 1, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	25	pax	Accommodation for 2 nights (inclusive of breakfast)	5,700.00	142,500.00
			- Forum Venue - 1 Dinner		
			- 2 Lunch - 4 Snacks		
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	142,500.00
			Less: VAT (5%/1.12)	6,361.61	
			EWT (1%/1.12)	1,272.32	7,633.93
			PR No. 19-0503-0255		
			PURPOSE: Conduct of PRO I IT Forum 2019	TOTAL - NET	134,866.07

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.

BY THE AUTHORITY OF THE

MARIMEL C. BRAVO
FISCAL CONTROLLER II

By the authority of the MSD Chief, Very truly yours,

JANE C. RAGOS
FCM / FMS Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: _____	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
With in the COB: _____		
Expense Code: _____		
Budget: _____		
Remarks: _____		
Conforme: _____		
JENNIFER H. PULLORA Signature over Printed Name and Position of Authorized Representative	Date: <u>5/23/19</u>	ALBERTO C. MANDURIAO Regional Vice President, PRO1
		<u>5-21-19</u> Date