



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: J-NIMRO'S CATERING SERVICES
Address: Brgy. 17 Abadilla St., Laoag City, Ilocos Norte
Tel.Fax No.: _____
Supplier Registered with: 302-951-706-000 NV

PO No. 2019-125
Date: 5/28/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within May 29-30, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	250	pax	MEALS (Pasuquin)	80.00	20,000.00
	200	pax	MEALS (Badoc)	80.00	16,000.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	36,000.00
			Less: VAT (3%)	1,080.00	
			EWT (1%)	360.00	1,440.00
			PR No. 19-0522-0283		
			PURPOSE: ALAGA KA activities in the different municipalities of Ilocos Norte	TOTAL - NET	34,560.00

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 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

MARIMEL C. BRAVO
FISCAL CONTROLLER II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: _____ JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative	Funds Available in the amount of: <u>36,000</u> JANE E. RAGOS FC IV / FMS Chief Date: <u>5/29/19</u>	APPROVED: MARICAR M. ARZADON, M.D. MD VII, HCDMD OIC- ORWP, PRO2 *Date
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emailed m 5/29