



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **RICAFORT-TEE CATERING SERVICES**
 Address: **Narciso Ramos Sports and Civic Center, Lingayen, Pangasinan**
 Tel.Fax No.: **632-6850**
 Supplier Registered with: **937-296-658-000 V**

PO No. **2019-131**
 Date: **5/30/2019**
 Terms of Payment: **Charge**
 Mode of Procurement: **Negotiated Procurement-
 Small Value Procurement**

Please deliver to this office within **on June 3, 2019** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	pax	MEALS (AM Snacks & Lunch)	550.00	27,500.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx	TOTAL	27,500.00
			Less: VAT (5%/1.12)	1,227.68	
			EWT (1%/1.12)	245.54	1,473.22
			PR No. 19-0527-0290		
			PURPOSE: Increase awareness through conduct of a special Press event dubbed as "Kapihan with Media" in relation to the visit of PhilHealth Acting President and CEO Dr. Roy B. Ferrer and some key official to PRO 1	TOTAL	26,026.78

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.
- Partial delivery per item will not be accepted.

BY THE AUTHORITY OF THE

JOSE A. MONES
 Fiscal Controller III

JANE C. RAGOS
 FC IV / FMS Chief

With in the COB: _____
 Expense Code: _____
 Bdgct: _____
 Remarks: _____

Conforme: _____

Signature over Printed Name and Position of Authorized Representative

Date: **May 31, 2019**

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

APPROVED:

ALBERTO C. MANDURIAO
 Regional Vice President, PRO1

BY THE AUTHORITY OF THE
MARICAR M. ARZADON, MD
 MEDICAL OFFICER VII

Date