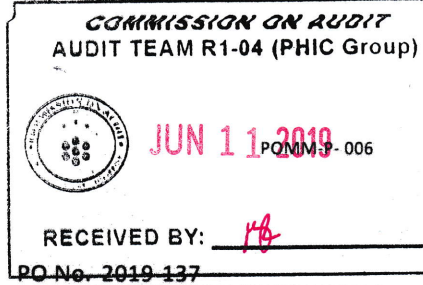


PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: DAGUPAN VILLAGE HOTEL  
Address: Lucao District, Dagupan City  
Fax No.: 522-3011-12 / 523-3801  
Supplier Registered with: 947-688-135-000 V

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



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

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
27	pax	MEALS (AM, PM Snacks & Lunch) & VENUE	700.00	18,900.00
		XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	18,900.00
		Less: VAT (5%/1.12)	843.75	
		EWT (1%/1.12)	168.75	1,012.50
		PR No. 19-0524-0285		
		PURPOSE: Accountable Officers' (AOs) Forum on Cash and Other Related Accountabilities	TOTAL	17,887.50

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 - 12:00NN and 1:00PM - 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 MSD Chief:

Very truly yours,

EDWARD Q. ESPIRITU

AO IV / ASS CHIEF

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Estimated Budget Available: Funds Available in the amount of: 18,900.00

E.A. MONES

Administrative Controller

JANE C. RAGOS

EC IV / FMS Chief

Signature in the COB:

Invoice Code:

Item:

Remarks:

Signature:

Date:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

Date