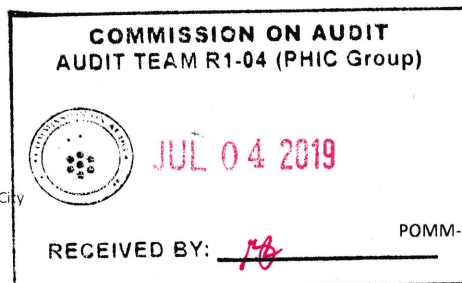




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER



OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: DAGUPAN VILLAGE HOTEL PO No. 2019-155
Address: Lucao District, Dagupan City Date: 7/2/2019
Tel.Fax No.: 522-3011-12 / 523-3801 Terms of Payment: Charge
Supplier Registered with: 947-688-135-000 V Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on July 11-12, 2019 & July 16-17, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	352	pax	MEALS	150.00	52,800.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	52,800.00
			Less: VAT (5%/1.12)	2,357.14	
			EWT (1%/1.12)	471.43	2,828.57
			PR No. 19-0619-0320		
			PURPOSE: PEERs Forum	TOTAL	49,971.43

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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>52,800.00</u> JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative: <u>[Signature]</u> Date: <u>July 4, 2019</u>	APPROVED: _____ ALBERTO C. MANDURIAO Regional Vice President, PRO1 <u>7/3/19</u> Date
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