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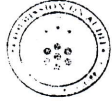**PHILIPPINE HEALTH INSURANCE CORPORATION**
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **DAGUPAN VILLAGE HOTEL**	PO No. **2019-156**
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 26, 2019_ from receipt hereof the following:

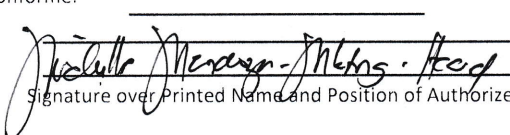| NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	88	pax	MEALS	150.00	13,200.00
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx **TOTAL**		**13,200.00**
			Less: VAT (5%/1.12)	589.29	
			EWT (1%/1.12)	117.86	707.15
			PR No. 19-0619-0321		
			PURPOSE: ACAs Forum **TOTAL**		**12,492.85**

Terms & Conditions:

1. 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.**

2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.

3. 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.

4. 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.

5. 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.**

6. 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.

7. 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: _13, 200.00_	APPROVED:
JOSE A. MONES Fiscal Controller III	**JANE C. RAGOS** FC IV / FMS Chief	
With in the COB: Expense Code: Bdget: Remarks:		**ALBERTO C. MANDURIAO** Regional Vice President, PRO1 7/3/19
Conforme:		Date
Signature over Printed Name and Position of Authorized Representative Date: _July 4, 2019_		

emailed 7/3