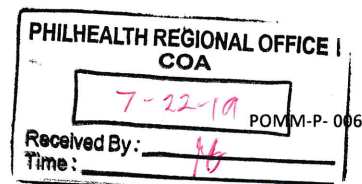




Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

# PURCHASE ORDER



OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **ARZADON LEISURE AND PROPERTY DEVELOPMENT INC.**  
Address: **Bonuan Binloc, Dagupan City**  
Tel.Fax No.: **653-5931**  
Supplier Registered with: **005-337-645-000 V**

PO No. **2019-168**  
Date: **7/19/2019**  
Terms of Payment: **Charge**  
Mode of Procurement: **Negotiated Procurement-  
Lease of Privately-Owned Venue**

Please deliver to this office within **on July 23-24 & 25-26, 2019** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	40	pax	Meals for 2 days with 1 night accommodation (Batch 1)	2,070.00	82,800.00
	40	pax	Meals for 2 days with 1 night accommodation (Batch 2)	2,070.00	82,800.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	Total	165,600.00
			Less: VAT (5%/1.12)	7,392.86	
			EWT (1%/1.12)	1,478.57	8,871.43
			PR No. 19-0530-0300		
			PURPOSE: Stress & Time Management Training for PRO 1 Officers / Supervisors and Next in Rank Supervisors	TOTAL	156,728.57

## 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

**MARIMEL C. BRAVO**  
Fiscal Controller II

Very truly yours,

**CYNTHIA S. SANTOS**  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>165,600-</u>		APPROVED:          <b>ALBERTO C. MANDURIAO</b> Regional Vice President, PRO1  <u>7/19/19</u>  Date
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____		
Conforme: <u>KAREN DANGLAGRUZ</u> Date: <u>7-22-19</u> Signature over Printed Name and Position of Authorized Representative		

BY THE AUTHORITY OF THE CHIEF, FMS  
**JOSE A. MONES**  
FISCAL CONTROLLER III