Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

UNC Commercial Bldg., Francisco Duque St., Tagbilaran District, Dagupan City

POMM-F- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: ABULENCIA'S VIDEO PHOTOGRAPHY & CATERING SERVICES
Address: Poblacion, Laoac, Pangasinan
Tel.Fax No.: 0918-951-9612
Supplier Registered with: 927-049-210 NV

PO No. 2019-179
Date: 8/1/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *August 6, 14, 20, 28, 2019* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	510	pax	MEALS	50.00	25,500.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	25,500.00
			Less: VAT (3%)	765.00	
			EWT (1%)	255.00	1,020.00
			PR No. 19-0729-0374		
			PURPOSE: ALAGA KA Program for 4Ps & NHTS-PR beneficiaries in LHIO Eastern Pangasinan	TOTAL - NET	24,480.00

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 to 3:00PM** on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

JOSE R. MONES
Fiscal Controller III

Funds Available in the amount of: 24,480

JANE C. BAGOS
FC IV / FMS Chief

With in the CDB: CY 2019
Expense Code: 5029990002
Budget: 25,500.00
Remarks: ALAGA KA

Conforme:

ARTURO D. ABULENCIA
Signature over Printed Name and Position of Authorized Representative

Date: 8-5-19

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1
BY THE AUTHORITY OF THE RVP

ADRICAR M. ARZADON MD
MEDICAL OFFICER VI

Date: 8/7/19