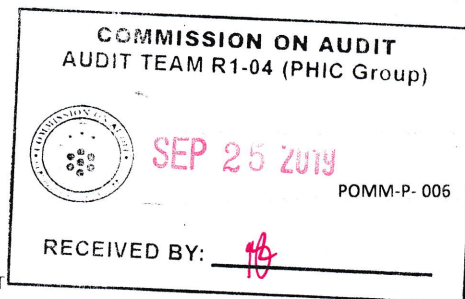




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT



Supplier: **EL JARDINE FOOD CATERING & MANAGEMENT SERVICES**

PO No. **2019-180**

Address: **Alvear St. West, Lingayen, Pangasinan**

Date: **8/5/2019**

Tel.Fax No.: **0921-565-1565 / 0917-416-0751**

Terms of Payment: **Charge**

Supplier Registered with: **922-084-772-000 NV**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within **on August 12, 2019** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	22	pax	MEALS (AM & PM Snacks, Lunch)	450.00	9,900.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	9,900.00
			Less: VAT (3%)	297.00	
			EWT (1%)	99.00	396.00
			PR No. 19-0723-0361		
			PURPOSE: Re-Orientation Cum Workshop on MCIS for CY 2019	TOTAL	9,504.00

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:

MARIMEL C. BRAVO
Fiscal Controller II

By the authority of the MSD Chief

SALLY S. GOMEZ

HRMO III / OIC-OASS/OMSD

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>9,900.00</u>		APPROVED: Maricar M. Arzadon, M.D. Medical Officer VII OIC RJP, PRO 1
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
With in the COB: <u>8/19/2019</u> Expense Code: <u>812000000015</u> Bdgct: <u>9,900.00</u> Remarks: <u>from SE</u>		
Conforme: <u>[Signature]</u> <u>Suzanne C. Amor</u> Date: <u>8-22-19</u> Signature over Printed Name and Position of Authorized Representative		
		Date