



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: J SO KUA GROUP INC. / CITY DE LUXE RESTAURANT

PO No. 2019-183

Address: Mc Authur Highway, Tapuac District, Dagupan City

Date: 8/8/2019

Tel.Fax No.: 522-9880

Terms of Payment: Charge

Supplier Registered with: 006-388-243-000 V

Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned Venue

Please deliver to this office within on August 19, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	43	pax	MEALS (AM & PM Snacks, Lunch)	600.00	25,800.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	25,800.00
			Less: VAT (5%/1.12)	1,151.79	
			EWT (1%/1.12)	230.36	1,382.15
			PR No. 19-0731-0378		
			PURPOSE: Official Canvassers and Inspection Committee Forum	TOTAL	24,417.85

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 to 5:00PM 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



AUG 14 2019

RECEIVED BY:

By the authority of the MSD Chief

EDWARD Q. ESPIRITU

AO III / OIC-OMSD Chief

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of: 25,800.00

JOSE A. MONES

Fiscal Controller III

JANE C. RAGOS

FC IV / FMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

BY THE AUTHORITY OF THE CHIEF, FMS

JOSE A. MONES

FISCAL CONTROLLER III

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date