



AUG 22 2019

RECEIVED BY: MD
POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MICHAEL'S CATERING AND CAKE HOUSE

PO No. 2019-187

Address: Brgy. 17 NIA Rd., Laoag City

Date: 8/9/2019

Tel.Fax No.:

Terms of Payment: Charge

Supplier Registered with: 271-6926-704-000 NV

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on August 15, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
17	pax		MEALS (AM, PM Snacks and Lunch)	450.00	7,650.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	7,650.00
			Less: VAT (3%)		229.50
			PR No. 19-0723-0364		
			PURPOSE: Re-Orientation Cum Workshop on MCIS for CY 2019 - Batch 4 in LHIO Iloos Norte	TOTAL	7,420.50

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.

BY THE AUTHORITY OF THE
Mar 8/9
MARIMEL C. BRAVO
FISCAL CONTROLLER II

By the authority of the MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU
ACIV / OIC-OMSD Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: _____ JOSE A. MONES Fiscal Controller III JANE C. RAGOS FC IV / FMS Chief With in the COB: <u>CY 2019</u> Expense Code: <u>102999 9005</u> Budget: <u>7,650.00</u> Remarks: <u>MEM REC</u> Conformer: <u>[Signature]</u> <u>MICHAEL V. GUIRA</u> Date: <u>8/14/19</u> Signature over Printed Name and Position of Authorized Representative		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE <u>MD</u> <u>8/13/19</u> MARICAR M. ARZADON, MD MEDICAL OFFICER V/I Date: _____
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