

PURCHASE ORDER

POMM-P-001

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: LENOR HOTEL

PO No. 2019-209

Address: Rizal St., Dagupan City

Date: 9/19/2019

Tel/Fax No.: 515-8889/7094-96

Terms of Payment: Charge

Supplier Registered with: 113-888-385-001 V

Mode of Procurement: Negotiated Procurement
Lease of Privately Owned Vehicle

Please deliver to this office within on September 26-27, 2019 from receipt hereof the following:

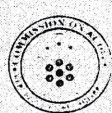
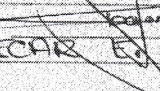
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
40	pax		MEALS (AM & PM Snacks, Lunch) on September 26, 2019	750.00	30,000.00
40	pax		MEALS (AM & PM Snacks, Lunch) on September 27, 2019	750.00	30,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing To Follow XXXXXXXXXXXXXXXXXXXXXXX	TOTAL	60,000.00
			Less: VAT (5%/1.12)	2,678.57	
			EWI (15%/1.12)	535.71	3,214.28
			PR No. 19 0517-0316		
			PURPOSE: Conduct of Managing Your Bus Training for PHIC's Personnel	TOTAL	56,785.72

Terms & Conditions:

- Supplier is bound 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 incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or political 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 their 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 with specification when quoted.
- In case of returned the goods item 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 and shipment will not be accepted.

Very truly yours,


CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Chief Budget Officer:  JOSEFA MONE Fiscal Controller	Chief Accounting Officer:  JANE C. RAMOS AC IV / FMS Chief	COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group)  SEP 23 2019 RECEIVED BY:  9/20/19 Date:	APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRD1 9/19/19 Date:
Contracted by:  UECAR E. LIBATON Signature over Printed Name and Position of Authorized Representative			

CONTROLLED COPY