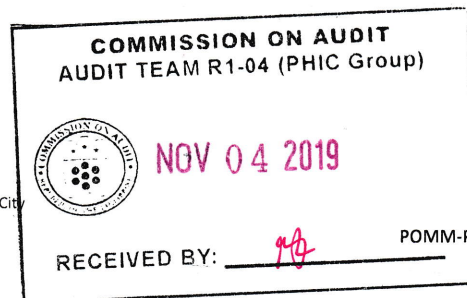




Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



# PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: EL JARDINE FOOD CATERING & MANAGEMENT SERVICES  
Address: Alvear St. West, Lingayen, Pangasinan  
Tel.Fax No.: 0921-565-1565 / 0917-416-0751  
Supplier Registered with: 922-084-772-000 NV

PO No. 2019-247  
Date: 10/25/2019  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within on November 22, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	40	pax	MEALS (AM & PM Snacks, Lunch)	450.00	18,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	18,000.00
			Less: VAT (3%)	540.00	
			EWT (1%)	180.00	720.00
			PR No. 19-1023-0470		
			PURPOSE: Information Caravan to PRO 1 Information Officer-designates	TOTAL	17,280.00

## 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 the MSD Chief

Very truly yours,

By the Authority of the  
**MARIMEL C. BRAVO**  
Fiscal Controller II

**EDWARD Q. ESPIRITU**

AO IV / ASS Chief / OIC-OMSD Chief

**CYNTHIA S. SANTOS**

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>18,000</u>  <b>JOSE A. MONES</b> Fiscal Controller III  <b>JANE C. RAGOS</b> FC IV / FMS Chief  With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____  Conforme: _____ Signature over Printed Name and Position of Authorized Representative: _____ Date: <u>10-30-19</u>	APPROVED:  <b>ALBERTO C. MANDURIAO</b> Regional Vice President, PRO1  <u>10-28-19</u>  Date: _____
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